### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12859

CERTIFICATE OF DEATH

12794

1.	PLACE OF DEATH						IDENCE (Wh	ere deceased	lived. If instituti	on: Residen	ce before	odmissi	ion)
	E COUNTY	PRINCE GEO	RGES	MARY	LAND	o. STATE	MARYLA	ND	b. COUNTY	PRINCE	GEO	RGE	S
	b. CITY OR TOWN (IF RURAL and give ned CH.	outside corporate limi irest town) LLLUM	ts, write	10 yrs.	IN 16		TOWN (IF o		role limits, write R	URAL and o	ive neare	st town	,
	H. NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		# d STREET	ADDRESS				0.	IS RESI	DENCE
	OR INSTITUTION	08 LEGATIO	N ROA	.D		140	8 LEGA	TION H	ROAD				FARM?
	NAME OF DECEASED Type or print)	Fie	et	Middle WILLIAM AL	EXAND	ER	st	4. DATE OF DEATH	NOV.	th	Day 25		eor 9 58
5.	EX	6. COLOR OR RACE	7	HED NEVER MARRIE	-	DATE OF BIR	TH		9. AGE (In years	IF UNDER	1 YEAR IF	- London	
	1ALE	WHITE	WIDOWI	DIVORCE	• 🗆	12/19/	86		71 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTI	TY 11. BIRTHE	LACE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
	ill man (re		M111	ing & Lumb	er Co	WAS	HINGTO	N. D.	2.	II.	S.A.		
200	FATHER'S NAME					14. MOTHER							
J	OHN S. ALEX	CANDER				MATI	LDA HI	LLARY					
	WAS DECEASED EVER			SOCIAL SECURITY NO	. 17. INF	ORMANT			Add	ess			
(/-	NO	yes, give wer or dates of s	57	8-03-6234	Mrs	Leo P.	Darr,	1408	Legation	Rd.,	Chil	lun	, Md.
IFICATION	Conditions, if on gove rise to im couse (a), stoling Illying couse lost.  Part II. OTHI	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which he under:  CER SIGNIFICANT CON	DITIONS	Lyperter Lyperter Legis - S CONTRIBUTING TO DEA		See /				ent agenti EN IN PART	5 1 1(0) 19.		DEATH ENT
AL CERTI	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	MEDICAL EXAMINER)											
MEDICA	Hour a.m.	Month, Doy, Yes	or 20d, 17 While at war	Not while		E OF INJURY ry, street, office			or town)	((	County)		(Stole)
	ACTUAL SIGNATURE	RANCIS X.	107	Lacker	death o	195 occurred of	3.10/1/ 6:08 17-0		the causes of the course of th	and on the		state	deceased d obove, TE SIGNED
220	BURIAL, CREMATION	. 226. DATE THEREC	F	22c, NAME OF CEME	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town, o	r county)		(State	)
F	REMOVAL (Specify)	11/29/58		CEDAR HILI	CEM	ETERY		PRINCE			MD.		
	FUNERAL DIRECTOR'S ARNER E P	SIGNATURE Y I	NG.		PRINC	G, MD.		BY REGIST		STRAR'S SIC	10		

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of

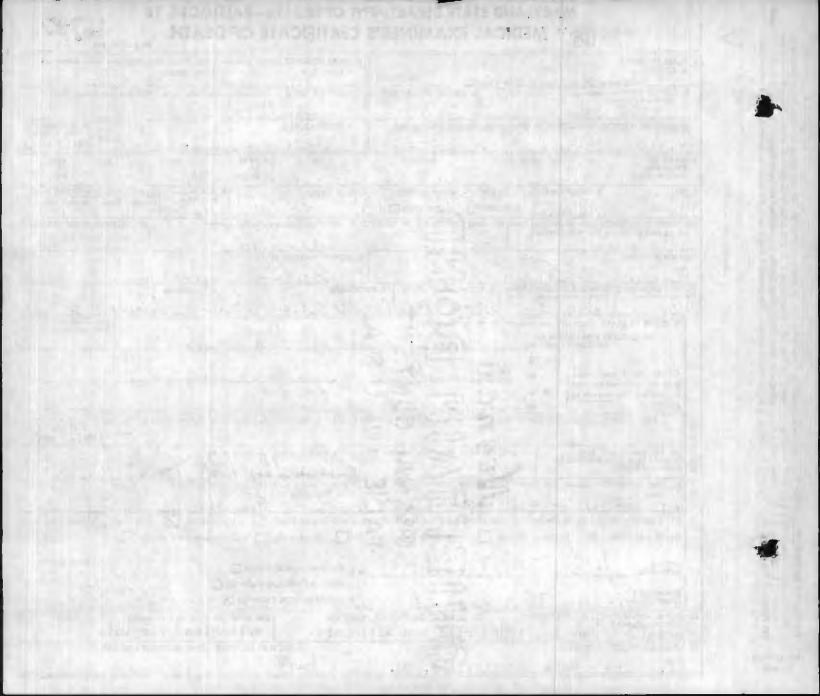
or removal.

VS. A15ME(5) 5M 9/55

## 12808

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		LACE OF DEATH	2. USUAL RESIDENCE (Where placemed liyed. If institution, Residence before admission)					
	C	COUNTY PAMEL SIEGED MARYLAND	O. STATE WARNES 6. COUNTY Pa Seo					
	b	CITY OR TOWN (If outside corporate limits, write RURAT) C. LENGTH OF STAY IN 16 and give regiment flown)	c. CITY OR TOWN (If publide corporate limits, write RURAL and give nearest town)					
		Chevery Idoup.	15 In attentle					
	ø	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS					
	1	Anna Sinces Sin - Hosp	7510- Janthorne St VES NO DE					
	3. 4	AME OF First Middle	Last 4. DATE Month Day Year					
		Type or print) Echvand Franklin	alver DEATH 11- 9- 1958					
	5. 5	EX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED   B.						
	N	ale White WIDOWED   DIVORCED	30-1912 46 yrs. Months Days Hours Min.					
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1		Namer General	Marsland.					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
/		Cawand Tellvey	Kose C. Hamische					
		WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. IN no. or unknown)   (If you, give wor or doles of service)	FORMANT Address					
	V	45 W.W.2 217-07-890611	unterlibray same address as # 2					
		TB. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c),	Interval between Onset and Death					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Linebal Longo	uspien & merosio.					
1		900.6 DUE TO 0 1 1	1 61 1 1					
		Conditions, if any, which) to subdivid and	endural himonhace					
		gove rise to immediate cause OUE TO	1.00					
		couse lost. (c) Nalline Of C	Mulli					
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
	CAI		YES SK NO					
	CERTIFICATION	PRIMARY LONG CONTRIBUTING LI	nter nature of injury in Part/I of Part II of item 18.1					
	CALC	CAUSE OF DEATH. Blow on head	(consider fall offundans.					
2		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC	CE OF INJURY (Home, form, 12%, (City or town) (County) (Stote)					
	WEDI	(6/5/D p. m. //- /- 19 50 of work 10 of work 1	hool Bradhing Ho Is Se- My					
		21. I certify that I taak charge of the remains described about						
		death resulted fram: Natural causes [], Accident [], Suid	cide [], Homicide [], Undetermined cause [].					
		ACTUAL ON STATE	DATE SIGNED					
5		SIGNATURE TO MILLIAMORE	_M.D. CHIEF MEDICAL EXAMINER					
6		EXAMINER'S A	ASSISTANT MEDICAL EXAMINER					
	00	NAME (Type) DAN 1- MALONEX M.	DEPUTY MEDICAL EXAMINER S //-/0 0					
	B	BURIAL, CREMATION, PRINCE THEREOF THE PROPERTY ON THE PROPERTY OF THE PROPERTY	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
	22	urial   Nov 12, 1958   Arlington Nat						
	43.		240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE					
		F. Gasch's Sons Hyattsville, Md.	DATE NOV 1 4 '58 Certing & France					

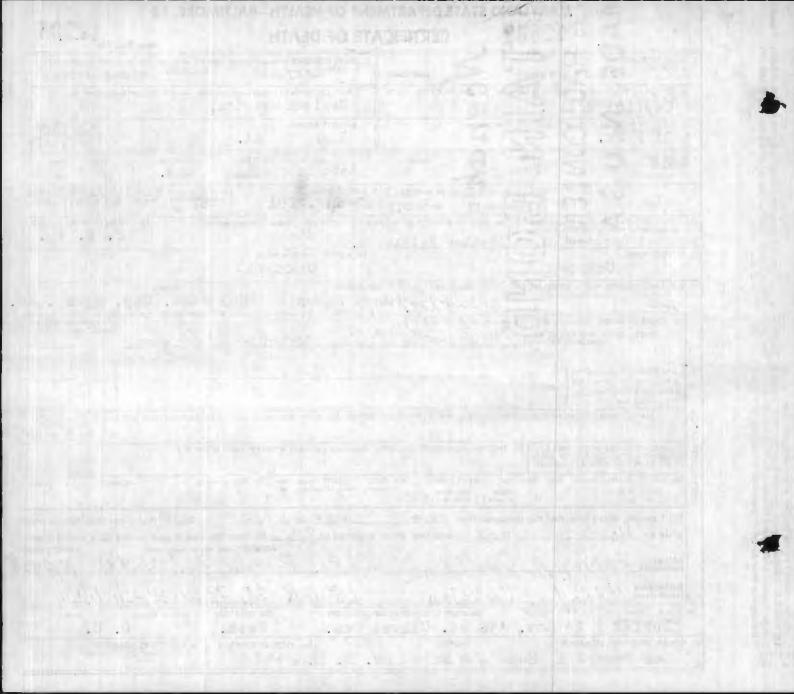


VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12809

**CERTIFICATE OF DEATH** 

PRACE OF DEATH o. COUNTY Prince George	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryla	ere deceased liv	ed. If institute b. COUNTY	on: Residence Princ	e Georg	sion)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH RUPAL and give necrest rown) Captiol Hgts	OF STAY IN 16	c CITY OR TOWN (If or			URAL and give	e neoresi lowi	n)
d NAME OF HOSPITAL (If not in hospital, give street address)		5801 F	St.				FARM?
3. NAME OF DECEASED (Type or print) Frank	Middle	Antonio	4. DATE OF DEATH	Nov			Yeor 19 58
5. SEX MARRIED AND MARRIED NEVE WIDOWED	R MARRIED   B	DATE OF BIRTH 27- Aug. 1891	9. /	GE (In years osponentaly)	Months Do		R 24 HRS Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUI during most of working life, even if retired) had hat concession at Statler		IRY 11. BIRTHPLACE (STORE OF TEALY		71	12. CITIZE	S.	COUNTRY
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N. Unkno	_				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (You no, or unknown) [If yes, give wor or dates of service] 2/2-24-	2547 Ma	FORMANT ry Antonio	5801	F St.		Hgts	. Md
PART I. DEATH WAS CAUSED 89:  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost.  (c)	selv al	elencaici.	nam	unti	ngu ,	ONSET AND	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINES)					EN IN PART 1(	PERFO YES	RMED?
	NJURY OCCURRED	. (Enter noture of injury in Po	orf I or Port II o	f ilem 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI Hour o. m. 19 While Not whi p. m. 19 of work of work	le foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or I	own)	[Cour	nty)	(Slote)
ACTUAL SIGNATURE HAVE A COLLEGE  PHYSICIAN'S 1/10 001/ 7- Contito		, 1958, to 11, occurred at 9:30 K			nd on the	date state	deceased above.
220. BURIAL, CREMATION, PARCE THEREOF PARCE TO SERVICE	of CEMETERY OR Olivet		22d LOCATION Wash.		COUNTY)	C. (Stote	e)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES		240. REC'D	BY REGISTRAR V 2 8 58	24b. REGIS	TRAR'S SIGNA	JURE	



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12799

12810	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
THOTA	Ttom Q	FilmG237 1-	7-59 et	

Reg. Dist. No.

1	o. COUNTY Prince George's MARYLAND					o. STATEMARYLand b. COUNTY Prince George's						
	b. CITY OR TOWN (III	NIP	c. CITY OR TOWN (If outside corporale timits, write RURAL and give nearest town)									
	Riverdale, Md transient				6	25 Rive	rdale	Md.				
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress)  Baltimore & Ohio R.R. Tracks				)	d. STREET ADDRESS 4804 T	uckerm	nan St			ON	RESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	ELIZABI		ROSE BAI	LINO	VIC	4. DATE OF DEATH	Nove		Doy 21,		Yeor 19 58-
5	female	6. COLOR OF RACE white	7. MARRI WIDOWE	D DIVORCED	_	Jan 7, 190	7	9. AGE (In years low by the day)	Months Months	R TYEAR Doys	IF UND	Min.
1	during most of working	ON (Give kind of working life, even if relired) Lousewife		WIND OF BUSINESS OR II	NDUSTRY	Pennsylv				TIZEN O		COUNTRY
1	3. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME					
		Andrew	Burl	ess		Pet	Mary	Budner				
Ti	5. WAS DECEASED EV			SOCIAL SECURITY NO.	17. INF	ORMANT	Y	Address			-	
ľ	Yer, no, or unknown]	(If yes, give war or dates of	service)	70/82199	Pet	er Balinov	ic	Riverda	10. 1	Md.		
=	THE CAUSE OF DEA	TH [Enter only one cou	se per line	for (a) the and to 1	1-00	01 20121101					PVAL SETV	er.
	802 X Conditions, if o gove rise to immedel, stoling the course lost.	iny, which (b) (b) diote couse underlying (c)	'P	emorrhage a	tipl	e and seve		E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
1	3										YES 🗌	NO
	PART II. OF	NTRIBUTING 🔲	St	ruck by pas	ssen	ger train						
A POST OF A	20c, TIME OF INJU	11/21/58 <sub>19</sub>	Whit	NoI while ork of work	PLACE foctors	OF INJURY (Home, fatre, street, office bldg., etc. Tracks	.)	or town)		• Ge	0.	(State)
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection M, Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner											
-	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Dr. John	r. Ma	loney		M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE		mber	22.		SIGNED
	BULLAD (Specify)	11-114	-58	31 Sanco	Y OR C	emiting	Colors	MARRY	or county)	h	Wiston	
2	3. FUNERAL DIRECTOR	S SIGNATURE H	watt	ADDRESS	h		OV 2 6 'E		STRAR'S S	GNATU	EA.	

TO DEPUTY MEDICAL EXAMINER: This certificate should be emouted within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yet files.

TO FUNERAL DIRECTOR IN Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board a contribution of its designated again, print to barial, cremation, or removal, and in any event within 72 hours ofter death. 4 shauld be forward to FUNERAL DIRECT TO FUNERAL DIRECT TO FOR its designated agent. VS. ATSME 5M 2/57

TO SHOUR THE PROPERTY OF THE WASHINGTON THE CHARLES MORD OF THE WEST AND THE PROPERTY OF THE PROPE 9. . Jr. 1 - 3'10 Page 1 THE COLD IN COLUMN TOWNS OF THE PARTY OF THE The fact that the second second Mr. sent as a few with the sent of the sen the second of the second of the second X 1 L 2 2 2 . U

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

INSTRUCTIONS

# SICIAN OR HOSPITAL. The law requires that the death certificate be executed within the retained by the hospital or attending physician. The bottom copy ma

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 12860

12800

П	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	0
	COUNTY PR. CTEO, MARYLAND	STATE MID. COUNTY PR	GEO.
	CITY (If outside corporele limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporete limits, write RURAL and give nea	rest town)
	TOWN MARCGORO	X TOWN MARLBOX	20
	HOSPITAL OR INSTITUTION OR	STREET (If rurel give locellon)	, ,
0	STREET ADDRESS SERVICE LANE	DERVICE	LANE
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Year)
	(Type or Print) MARV. ELIZADETA	BANNE! DEATH !	1 1958
н	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthdey IF UNDER	
		0-1934 19 yrs. Months	Days Hours Min.
	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Steps or foreign country) 12	COUNTRY?
	retired) NONE	WASHINGTON, D.C.	COUNTRIT
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
	ALEXANDER BARNETT	ELIZABETH SPI	81665
T	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
4	(Yes, no, or unk.) (If Yes, give wer or dates of service)		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	Ht-da hi	n's Dicease	2. 91000
	MMEDIATE CAUSE (A)		
	DISEASES OR CONDITIONS, IF ANY, (B)		
	GIVING RISE TO THE ABOVE CAUSE DUE TO		
	(¢)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ul Heart Failure	Two days
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, 2	Itc. WHERE DID INJURY OCCUR? (City or fown) (Cour	
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		,,,,
	21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a. INJURY OCCURRED While Not white	211. HOW DID INJURY OCCUR?	
	M, at work at work		
	22. I hereby certify that I attended the deceased from 200	19.58, to 100-1 19.58, that I	last saw the deceased
	alive on NUT 1 , 19.5 8 , and that death occurred at.		d above.
10 A	SIGNATURE PA	ADDRESS (Street, city, town, stete)	DATE BIGNED
1-55	23 BURIAL, CREMATION.   DATE THEREOF   NAME OF CEMETERY OR	Mayer Mark Care	114 (11-1-58
15C 1	PEMOVAL (SDECIEV)		• • • • • • • • • • • • • • • • • • • •
V	Burial 11/5/58 St. Mary's C	1 22	
>		Church Signature 30	ADDRESS
	DATE NOV 5 '58 aciden S. Turns	17 - 30	H. 146,

1977 HEARD RO STADISTRED MINES



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Form

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VS A15ME

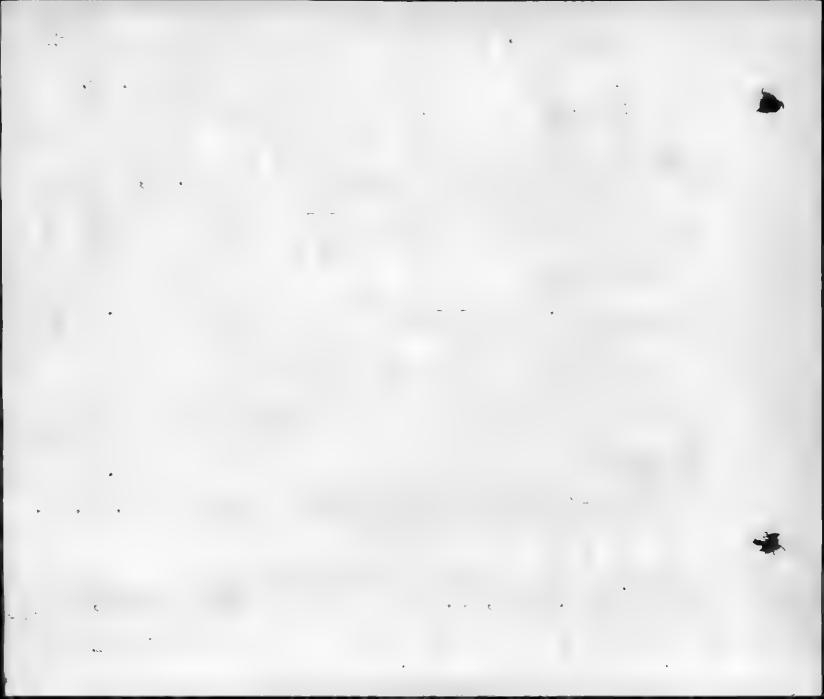
BM 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12795 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) e. COUNTY Prince Georges MARYLAND Pr. Geo. b. CITY OR TOWN of outside corporate him is, write BURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) Hvattsville 8 years Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B 15 RES DESICE ON A FARM? 5011 38th Avenue 38th Avenue YES NO 📆 3. NAME OF 4. DATE Middle Lost DECEASED (Type or print) Bielonis DEATH George Thomas Nov. 5. SEX 6. COLOR OF RACE 7. MAPRIED NEVER MARRIED 3 B DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 H-5 lost birthday] Months Days Hours Min Male white WIDOWED [ 48 DIVORCED [ 12-19-09 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTER? during most of working life, even if retired) Mechanic Automobile New York USA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Mary Gwasditis George Bielonis 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or uninount) III yes, give war or dotes of service) Yes 188-09-1381 Mary Bielonis: same address as # 2. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSIT AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (o) DUE TO Carbon monoxide foisoning Conditions, if any, which gove rise to immediate couse ! **DUE TO** (o), stating the underlying couse fost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, YEAR AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS
PRIMARY Gor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Hom 18) Asphyxia due to inhalation of fumes from automobile. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while 11- 21- 158 of work of work Hvattsville 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry []. and in my apinian death resulted fram: Natural causes 🗍 Accident 🗍 Suicide 🗍 Hamicide 🗍 Undetermined manner 🏗 DATE SIGNED ACTUAL M.D CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER John T. Maloney, M.D. NAME (Typh) November 22. 1958 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR SEEMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Arlington National Nov 25. 1958 Arlington Va. ADDRESS 23. FUNERAL DIRECTOR'S S GNATURE 246 REGISTRAR 5 SIGNATURE 24o, REC'D BY REGISTRAR F. Gasch's Sons Hyattsville Md.



5		
	1, PLACE OF DEATH	·i

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12812

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) o. STATE Maryland b. COUNTY Prince George's
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly Md	4 College Park, Maryland.
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e IS RESIDENCE ON A FARM?
Prince Georges General Hospital	6911 Carleton Terrace YES NO E
3. NAME OF DECEASED (Type or print) GLADYS GARCIA BOI	LINGER 4. DATE Month 15, Day Year OF DEATH NOV 15, 19 58-
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH  9. AGE (In yours   IF UNDER 1 YEAR IF UNDER 24 HRS   June 18. 1897   Gart birthdoy)   Manths   Days   Hours   Min
female white widowed Divorced	fune 18, 1897 61 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
l - LPIDLIC SCHOOL	Illinois USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank King	Savilla ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (Yes. no or unknown) 1 (If yes, give wer or dotes of service)	FORMANT Llip H Bollinger College Park, Md.
no	trip in bottinger correge rank, ma.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	halmorkays ONSELAND DEATH
DUE TO	
Conditions, if any, which } (b)	
gave rise to immediate couse (a), stating the under:	
lying couse lost. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
5	PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
3 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m.    While   Not while   foc	tory, street, office bldg., etc.)
	3, 1925, to Mar 15, 195 That I last saw the decease
One of Jacob Line of the life	occurred of
SIGNATURE LIMBAR Hay	10 Hyallamilling 11-15-58
PHYSICIAN'S Leonard Hays	Hyattsville, Md.
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, lown, or county) (State)
Burial how 17, 1958 Fort Lincol	n Cemetery Colmar Manor, Md.
23. FUNERAL DIRECTOR'S SIGNATURE F GASCII SONS Hyattsville, Ma	240. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE
myattsville, na	rylande areas a 150 Orthog & thous



VS A15ME 5M 2'57

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1	F	O	R	S1 H	DI	TE EP1
to should be executed within 24 hours offer death. It only delay is recondly, prouve	ding" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral directs. Page	Examiner's Office along with form PM3. Page 5 may be retained for you	sed as a burial-transit permit. File pages I and 2 with the State Baard of Fiestth,	emation, or removal, and in any event within 72 hours after death	A DI	I
ŭ	64	_	20	85		

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12813

12804

	_	M-0 17						Keg. Di	IST. INC.
PEPT.	1 1	LACE OF DEATH	*	(1)		2. USUAL RESIDENCE	(Where deceased live	d If institution Agains	ince before admission)
		COUNTY	: 0 :	( searce	/ A	O STATE Y	a	S. COUNTY /	1
* 4			mee	SIAMO	MARYLAND	- '-	amena	- V1 =	10
14	р	CITY OR TOWN (It	outside corporated mil	HOF TO RURAL	CLENGTH OF STAY IN 16	c. CITY OR TOWN	Ill outside corporate	Lmile Awrite RURAL and	l bue nearest town)
1 /		01.	men ha		1990	1. 50	1. Un	den	
		NOVE OF HOSEIN	U OR WESTITUTE	Oht III ant in hairi	tol, give street address)	A. STREET ADDRESS			e. IS RESIDENCE
20	u	STATE OF HOSPITA	L Compsilione	JIN (it not in nospi	ioi, give tireer address)	J. STREET PLANKESS			ON A FARM
7 7		mach	Sunk	12 Den	HUDYO				YES NO
	3 1	NAME OF	7 0	First	Middle	Lost	4 DATE	Month	Day Year
		DECEASED	44/1		67	- 110	QF.	11	
	1	Type or print)	///	any_	1	עושריות	DEATH	11- 1	1252
	5. S	EX	6 COLOR OR R	ACE MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AG	E IN YOUR IF UNDER	TYEAR IF UNDER 24 HRS
	7		Color	W DOWED	DIVORCED []	8-1-19	- 7	birthday) Months	Days Hours Min
	1	emer	1	E de la		0 0		er hay als	
-	100 d	uring more of working	a life, even Justi	work done (Ub Kir	OF BUSINESS OR INDU	SIKT III BIKIHPLACE (SIC	nte or foreign country)	12 CITI	ZEN OF WHAT COUNTRY?
		Jugar	merly	1 /9	HODONE	man	in manch		1-5 Kg
	13.	FATHER'S NAME	7 900011			14. MOTHER'S MAIDEN	JAME TO		free alternation of the contract of
		olt . h	) 11	11 0		ww	1.	1 . /-	,
_		yeno V	and 6	1/Mull	~	1110	my was	ungton	
1	15.	WAS DECEASED EVI	R IN U. S ARME	D FORCES? 16 SC	OCIAL SECURITY NO 17	INFORMANT	11	Address	
	{Yes,	Mauronu)	(If yes, give war or do	of as all service)	Y	Nam W/h.	illa · [ ]	0	1. What
/	;					1000	200	un and	cur, 11/0/
A. Telephone		18. CAUSE OF DEAT	TH (Enter anly on	e cause per line fo	r (o), (b), and (c)		1 10		INTERVAL BETWEEN
		PART 1. DEAT	H WAS CAUSED		Lengarah	GG1 + M	2020/1-		
		11. 1	IMMEDIATE CAU		MILE AN KOL				-
V		161	DU	E TO	/	+1		+	
		Conditions, if or		(b)	everence	of Whera	eic an	la	
		gove rise to immed		E TO		7/			
		(a), stating the couse last.	inderlying 170			V			
				(c)					
	Ď	PART II, OTH	IER S GNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	dition given in part	T 1(o) 19. WAS AUTOPSY PERFORMED?
	4								YES TO NO
	FIC	20g. EXTERNAL CAL	ISF WAS	205 DESCRIBE	HOW INJUSY OCCURRED	Enter nature of course in B	fort Las Ross III of ston	. 10 1	
	CERTIF	PRIMARY OF COL CAUSE OF DEATH.	TRIBUTING -	A	TOW WOOL OCCORNIO	Content of Inforty in I	J- 1 57 7 611 17 51 11811	1 1	+ 0 F
		CAUSE OF DEATH.		101 cm	am of all	anted and	g- suncs	- bu anoll	her autom
	EDICAL	20c. TIME OF INJUI	Y Month, Do	y, Year 20d /	JURY OCCURRED 200 L	ACE OF INJURY (Home, fo	rm. 120f /Gily or toy	(Cou	mly) (State)
	ō	Hour a.m.	^	White		tory, street, office bldg , e	(c)	0.1	344.7
	₹	4-04 mm	11-2	1950 of work	of work	+4hway	Donch	mr - 17-	yee - 1101
		21. I certify th	at I took che	arge of the re	mains described ab	over held on Autor	osy 🔀 Inspec	tion X Inquir	y X, and in my
					<b>—</b>				-
		apinian aeain	resulted from	t: Natural ca	uses [ ]. Accident	M. Suicide,	Hamicide,	Undetermined n	nanner 🔲
		Λ	/	0.7					
		ACTUAL	1	JAN 10	h	CHIEF MEDICAL	EXAMINER [7]		DATE SIGNED
		SIGNATURE	J'm	11. 1. 1.	men -	M D.			
		EXAMINER			1 4.1	V22/2/JUNI WEN	ICAL EXAMINER		-
		STABLE IV. and a	OHN T	· MAL	DN24 /1:	DEPUTY MEDICA	L EXAMINER 🔀 💎	11-9-	58
	720	EURIAU CREMATIO		The state of the s	2c NAME OF CEMETERY O	R CREMATORY	22d LOCATION I	City, town, or county)	(Slote)
	7	REMITOVAL (Specify)	11/-/	グンイン	Halish L	1011	1//1/16	2000, 0000, 01 600009,	Dancy
	_		1, 10	, 00	July Tu	rivey	work	more	11/4
	23	FYNERAL DIRECTOR	S SIGNATURE /	7/	ADDRESS	∠ √, \$40. RE	C'D BY REGISTRAR	246 REGISTRAR'S SIG	SNATURE
	X	Lany &	Mulan	MITTEL C	16/NO	T /// X			
			=	===		100 love	1 3 '58	to the first	Made at the said of the said
								14, 1000	ATA



	MARYLAN 12796	ID STATE DEPARTM CERTIFICA	ENT OF HEALTH		Reg. Dist. No. 2805
1	1. PLACE OF DEATH COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Who state harylan	ere deceased fived. If institution	Residence before admission) Prince George's
	b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Livattsville Md		c. CITY OR TOWN (IF o	utside corporate limits, write RU	RAL and give nearest town)
)	d NAME OF HOSPITAL (if not in hospital, give strong institution 5323 Greenway Drive	eet address)	/ d. street ADDRESS 5323 Gree	enway Drive	e. IS RESIDENCE ON A FARM? YES NOXE
	3 NAME OF First DECEASED (Type or print) Beatric		Bruno	4. DATE Month OF DEATH Novemb	
	white wor	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Jan 31, 188	A	Months Days Hours Min
)	10a USUAL OCCUPAT ON (G.ve kind of work done ) during most of working life, even if retired) Housewife	ON THOME	STRY IT BIRTHPLACE (Stole Italy		12. CITIZEN OF WHAT COLINTRY
	13. FATHER'S NAME  John Bevalaque		14. MOTHER'S MAIDEN N	IAME	
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service]	none Ros	nformant se Bruno Hy	vattsville Ma	"ryland.
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (4), (b), and (4)]	harmy	estage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  (c)				1
)	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAU DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING () CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Part 1 or Part II of item 18.)	
	Hour o.m. Wh		ACE OF INJURY (Home, form, tory, street, office bldg , etc.	20f (City or town)	(County) (State)
	21. I certify that I attended the dece alive an				that I last saw the deceased and on the date stoted above the DATE SIGNED
	PHYSICIAN'S Dr. Leonard	Hays	M.D. Hys	attsville, Mar	yland.
	220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Nov 15; 195	226 NAME OF CEMETERY O 8 Mt Olivet Ce		22d LOCATION (City town, or Washington D.	county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hya	ADDRESS ttsville, Mary	Laure I	_	RAR'S SIGNATURE



	1
1	77
	13/
(	13/0

of director.

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function of the following page 3 should be defined or use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be defined, cremation, or remaval, and in any event within 72 haurs after deaph.

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours other death: Page 4

Œ		YNOTT		CLKI	11 107	AIL OI	DLAII	1		Reg. Dis	it. No.	
	1. PLACE OF DEATH					2 USUAL R	ESIDENCE (Wh	ere deceased	lived If instit	utian: Residen	ce before ac	Imission)
4	Prince Ge	077.790.69		MAI	RYLAND	o. STATE	rland		b. COUN		******	
ı	b CITY OR TOWN (II		ts, write	c LENGTH OF STA	Y IN 16	-		wiside cornor	ate limits, write	rince g	Anti-Se	town)
1	RURAL and give ne	arest town)				3/			, , , , , , , , , , , , , , , , , , , ,		,	,
ł	d NAME OF HOSPITA	AL (If not in haspital, g	ive street a	ddress)			ital H	ts,			e. 15	RESIDENCE
1	OR INSTITUTION					/		A			0	N A FARM?
	3. NAME OF	eorges Ger		Midd	le	805	lost	4. DATE	A	lanth.	0.	Year
	DECEASED (Type or print)	_		mod			LUST	OF DEATH		lanth	Day	
ł	5 SEX	6 COLOR OR RACE	I - The last live of th	ED 🔲 NEVER MARI		1177880 B. DATE OF B	IRTH		9. AGE (In year	vember	1 YEAR IE U	19 58 INDER 24 HRS
ı		707-	WIDOWED	<u> </u>		0.0/11/01/0	Hac		lost birthday	Months rs.		urs Min
1	Mal e	N/Gye kind of work	1	turi .		STPV 11 R.PT	HPLACE ISLAM	or foreign co	16		IZEN OF W	HAT COUNTRY?
1	dining wast at work	ing life, even if retired	1				77.1		,,		_	
ł	Retired  13. FATHER'S NAME		Ina	ilway E	xpre		I TELL				J.S.A	
ı	Mike Brus	77050				_			ofolo			
ŀ	IS. WAS DECEASED EVER		CESS 14 S	OCIAL SECURITY N	IO 117 1	NFORMANT	icetta	ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	jolo	ddress		
		If yes, give war or dates of s		OCIAL SECORITI IN			. T D				( CL 1.	Λ
1	7					ichae.	L J . D	ruzze	ese	805	48th_	A ve.
ı		TH [Enter only one co TH WAS CAUSED BY:	iuse per line	tor (c), (b), and (c	:)·]	-		1 16		1		L BETWEEN
Į	1730 % 9273	IMMEDIATE CAUSE (	1_/0/	asliv		mela	lingy	7 / 17	mini	where	100	s along
1	581.0	DUE TO	•	1-		1 -	) ~	1 9	6.a	V	1 2	,
	Canditions, if ar		)		سر	we	~ 7	KI	200	* *	14	un
ı	cause (a), stating t										\ \	
1	lying cause lost	) (c					U				1	
i	PART II OTH	ER SIGNIFICANT CON	DITIONS CC	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE	CONDITION	GIVEN IN PAR	f 1(a) 19. W	REORMED?
1	<u>5</u>										YES	
	PART II OTH  200 ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY]	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY	OCCURRE	D (Enter natur	e of injury in I	Part I ar Part	Il of ilem IB			
	Y 20c TIME OF INJURY	Manth, Day, Ye		JURY OCCURRED	20e. PL	ACE OF INJUR	Y (Hame, form	20f. (City	or lawn)	(C	County)	(State)
ı	Havra m.	19	While at wark	Nat while at work	1 100	ilory, sireer, oi	nce blog , elc.	1				
	21 Leastify the	at I attended the	decease	d from		1. 19 J	7.10 h	4-1/-	4 10	Z ibai I	last saw i	the deceased
	alive on 1	ovember	9105	T (1.	at death	accurred		M. from				tated abave
1	01170 0112222		-61 1			accorrect .			reet, city ar lav		ie dale s	DATE SIGNED
	ACTUAL SIGNATURE	ellian	3 6 m	Eng.		MD. 61	240		n		/	1/9/10
1	SIGNATURE					m.u12_/.		4	2-1			-f-l/¥4.
	PHYSICIAN'S NAME (Type)	MPA	11	NIN		-6	apti	7 14	la m	d		
Ī	220 BURIAL, CREMATION	1 226. DATE THEREC	F	22c. NAME OF CE	METERY O	R CREMATORY		22d 10CM	ION (City, tow	n, or county)		(State)
	Burial	Nov. 12	.195	Ft.	Line	coln		BYa	densbu	irg.		Md
	23 FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS				D BY REGIST	RAR 24b RE	GISTRAR'S SIG		
	Lee Fun	eral Ho	me_ :	300 Ath	st.	N.E.	DATE NO	V 1 2 '5	8 6	Irthur S.	Maria	



# TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you have to Fluck at DIRECT. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board in Palith, or removal, and in any event within 72 hours after death.

FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12794 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dist	- 1	B	Q	13	100	
 Dist	Nie	6	0	U	đ	

	1, 7	COUNTY Princ	e Geerges	The second second	MARYLAN	2. USUAL	Maryland	deceased lived. It	f institution: Residence	Georges
}			intide corporate limits, write	RURAL C.	LENGTH OF STAY IN 1	b c. CiTY		ide corporale limit	s, write RURAL and g	
			or enstitution (i		, give street oddress)	}	T ADDRESS Baltimor	re Avenue	)	e IS RUIDEN FON A FARM?  YES NO X
	- 1	NAME OF DECEASED Type or print)	TAPLEY	W	Middle	BRYANT	osl 4. 0 O		Month mber lat,	Day Year
		ale	6. COLOR OR RACE White	WIDOWED []		August	4th, 1867	9. AGE IIn loss birthde 91	years IFUNDER TY  Py) Manths Do  yrs.	EAR IF UNDER 24 F RS.
			N (Give kind of work of life, even if retired)  olf-employe	d Gene	of ausiness or ind	USTRY 11. BIRTH	rginia	reign country)		N OF WHAT COUNTRY?
	13,	FATHER'S NAME					'S MAIDEN NAME			
	15	John Brya	R IN U. S. ARMED FOI	ICESS THE SOC	TAL SECURITY NO. 117	ULem	etine Gu	itridge	-	
)	[Yes.		None				. Bryant,	8914 B	ltimore A	ge Park, Md.
	7	Canditians, if on- goverise to immedi [e], stoting the uncouse last.	ole couse DUE TO	Ca	relievas	cong	stre.	heart,	farline	CONSET AND DEATH
)	CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	SE WAS 20		W INJURY OCCURRED					PERFORMED?  YES NO NO
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Yea	While _	RY OCCURRED 20e. 1	LACE OF INJURY octory, street, off	(Home, form, 20 ce bidg., etc.)	f (City or town)	(Count	y) (Stote)
		21. I certify the	at I took charge	of the rem	ains described o	bove, held o	n Autopsy	, inspection	Inquiry,	nond in my
			esulted fram: N	Jatural caus	es 💢 , Acciden	↑ □, Suici	de 🔲, Hom	icide 🔲, Vi	ndetermined mo	
		ACTUAL	Ehm J.	Mal	oney-	M D.	MEDICAL EXAMIN			DATE SIGNED
4		EXAMINER'S JO	hn T. Malo	ney			TANT MEDICAL EXAMI		11	1/1/1958
	١,	REMOVAL (Specify)	1. 726 DATE THEREO		NAME OF CEMETERY		1	LOCATION (City	-	(State)
		BUTIAL FUNERAL D RECTOR'S	11/4/195 SIGNATURE	8 10	ADDRESS	emetery	240 REC'D BY	* market	.Pr.Geo.Co	
			s Company,	Riverd			DATE NOV 5			t aud

4 should be forward to 10 FUNERAL DIRECT : Po or its designated ogins, pr V5. A15ME 5M 2757



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12816 CEDTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

							reg. Dist.	TWO,	
1. PLACE OF DEATH b. COUNTY		MARY		STATE	/hera deceased	lived. If institution	on Residence b	sefore adm	55100)
Pr	ince Georges	MARI	Didan	Mary	land		Drin	ce Ge	OPTOP
b CITY OR TOWN (	If outside corporate limits, write	c. LENGTH OF STAY	N 16 × c	CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond give	nearest to	vn)
Cheverl	T/	9 days	Ce	dar Heig	hte				
d. NAME OF HOSPIT	TAL (If not in hospital, give street	address)		. STREET ADDRESS	111.5			10 DE	SIDENCE
OR INSTITUTION		•		91 5111211 715-111233				ON ON	A FARM?
Prince Geo	rges General Ho	nenital	61	18_ L S	treet_			YES [	NO W
3. NAME OF	First	Middle			4. DATE	7			
DECEASED	1 1131	Mindle		tost	OF OF	Mon	lh .	Day	Year
(Type or print)	Esther	n	Carter	•	DEATH	Novemb	on T		1958
5. SEX		RIED A NEVER MARRIE		TE OF BIRTH		9 AGE (In years	IF UNDER TYE	AP SE LINE	
			_	IL OF BIRTH		lost birthday)	Months Day		
Female	Negro WIDOW			1/3/ 7000	- 1	1.0 9%	Training Bu	75 110013	Mill
10o. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OF	RINDUSTRY	RIPTHPLACE (State	e or foreion co	untari	12 CITIZEN	I OF WHA	T COUNTRY
during most of worl	king life, even if retired)			Tr on the prime (single	o or raicign co	J. 177	THE STITIFEE	4 OI WITH	COUNTRY
House	wife		-	Virgin	ia		IIns.	ted S	tatos
13. FATHER'S NAME	/		114	MOTHER'S MAIDEN				HENT D	ner reco
	1 1 1 1-			/		/			
GCORG	10 3/46/6.	2017		Lenn	1001	5017			
15. WAS DECEASED FYE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	17. INFOR	THAN		Addr	911		
(Yet, no, or unbrutum)	(If yes, give wor or dates of service)					7001			
110				Richard	Canter	Husbar	A 44	dress	Samo
18 CAUSE OF DEA	ATH [Enter only one couse per li	ne for (a) (b) and (c) )			181000			NTERVAL E	
		inc in fall fall but fell						NSET AN	
FARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vienni	2					2 Mc	
111100	DUE TO								
1442X	1.1	/	,	0	0	/			
Canditions, if p	ny, which ) (b) /	Y herseusi)	ves Las	No-vere	en Car	derel		11	
gave rise to in								1/42,	10
cause (a), staling	the under-	/	0					/	-3.
lying couse lost.	) (c)	1	V acas	X.					
PART IL OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT I	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	FN IN PART 1/o	1 19 WAS	AUTOPSY
Ĕ	_					20112111011		PERF	ORMED?
3								YES [	NO []
PART II OTH	S UNDERLYING 206 DES	CRIBE HOW INJURY OF	CURRED. (Ent	er nature of injury in	Port I or Port	(I of item 18.)			
CIF FITHER MOTIES	MEDICAL EXAMINER)								
	Y Month, Day, Year 20d. I	NJURY OCCURRED	20e. PLACE O	F INJURY (Home, fari	m, 20f (City	or lawn]	[Coun	lvì	(Stote)
Hour a.m.	ye While	Nat while	factory, 1	treet, office bldg , et	c.}	,	(4001)	.71	(0,0,0)
		rk ot work							
21 Learling th	of Lattended the deceas	ad from Oat abo	an ob	10 FR 1- 1	Manana	3 10 50			
	or volicitude the deceas	en mourtherighe		, 17 <del>5</del> .0, 10	Novenne	12 17 19 20	2,that I last	saw the	deceased
alive on Nove	mber 1 195	$8_{}$ , ond that	death accu	rred at 9:20	A.M. from	the couses o	nd on the	date stat	ed above
1						eet, city or town,			ATE SIGNED
ACTUAL 1	21 2/11 4/2	11		F115			0 0	1	AIR SIGNED
SIGNATURE	- ocoly Tilly	me	MD.	1735 C	YUEE	US CA,	カアとし	1501	
		`							1.7-7-
PHYSICIAN'S NAME (Type)	ONALN S.FL	EISCHER		121.00	7.6 1.4		1. 1	/	1/1/17
mamx (type)	7.70	2011 10			TJS V1	665	701,		1-/Vg
220 EURIAL CREMATIO		22c. NAME OF CEME	JERY OR CREA	MATORY	22d-10CAT	ON (City Jown, o	t county)	15.4.	(a) 2 (3)
REMOVAL (Specify)	11-3-58	10 innd	1 2 (1)	-	16	o de l	2/1	(210	2/1/0
	// 000	100001	19001,		Den	ning k	1 11	- 1 1	We,
23 FUNERAL DIMECTOR	SIGNATURE	ADDRESS /	2011	240, REC	DAY, REGISTE	AR. 26 REGIS	TRAR'S SIGNA	TURE	
climit 111	aslessed all	7 Nst	nul		PDY P	53	-1 -1 S		
Anny	WWW.	/ / / - /	1	DATE			-1 25	Loud	



1		MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	~
4 05 440		12861 CERTIFICATE OF DEATH Reg. Dist. No. 1281	()
Poge directo	1.	PLACE OF DEATH OCCUMENT OCCUME	- CT /
September 1		b. CITY OR TOWN (If outside corporate limit), write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If offside corporate limits, write RURAL and give nearest town) of the control	
2 show		d NAME OF HOSTITAL (If not in hospital give street oddress) OR INSTITUTION ON A FAI	RM? 🔪
thaur I and		NAME OF DECEASED D. First O. 4 Middle) Lost 4. DATE Month Day Year	• DX
ithin 2 Pages	<u> </u>	(Type or print)  6. COLOR OR RACE   7. MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 1 YEAR IF UNDER 2   In years   If UNDER 2   In years	
complete complete agith.	100	USUAL OCCUPATION (Gwe kind of work done) 10b. KIND-OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT CO	Min UNTRY
ond co	13	FATHER'S NAME 14 DETERMENT HIS. GOVERNMENT albany new york W, S.	
icate by ysician ysician ave car	15	the ton John Conlaw Sarah Sweeney	
ing pare rem		USI 5/4/18-8/6/19 Bokerh D. Conlor after	<b>**</b>
attend attend n plea t within	0	1B. CAUSE OF DEATH / [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:	EEN ATH
that the by the it. The ty even		153,3 DUE TO  Conditions, if any, which) on a fam of curcume and a family color 12-15	کرد کاه ۲
aguires signed Perm d in ar		gove rise to immediate couse (o), storing the under bus couse (o) to ling the under to couse less than the course	
hysicia s Heen al-transi wal, an	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTT- PERFORME	D?
N: The	CERTIFIC	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	∘ ⊔_
YSICIA or atten certific e as th	MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stole)
Spital of this creme	ME	p. m. 19 of work of wo	
TENDII		alive an 11/19, and that death accurred at 6 2 M, from the causes and on the date/stated	above
OR AT		ACTUAL SIGNATURE	
PITAL e retoin ERAL D I should jistror i		PHYSICIAN'S GEORGE J. HAGEAGE COSCULLYMA	
moy by Proge 3	包	BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10wn, or county) (Stole) REMOYAL (Specify) 1/121/58 arlington National arlington va.	
VS A15 (4) B5M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE  Palley'S Funeral Home Mainier 240. REC'D BY REGISTRAR 246. BEGISTRAR'S SIGNATURE  DATE NOV 2 4 '58 Carthy & France	
	9	Inc.	



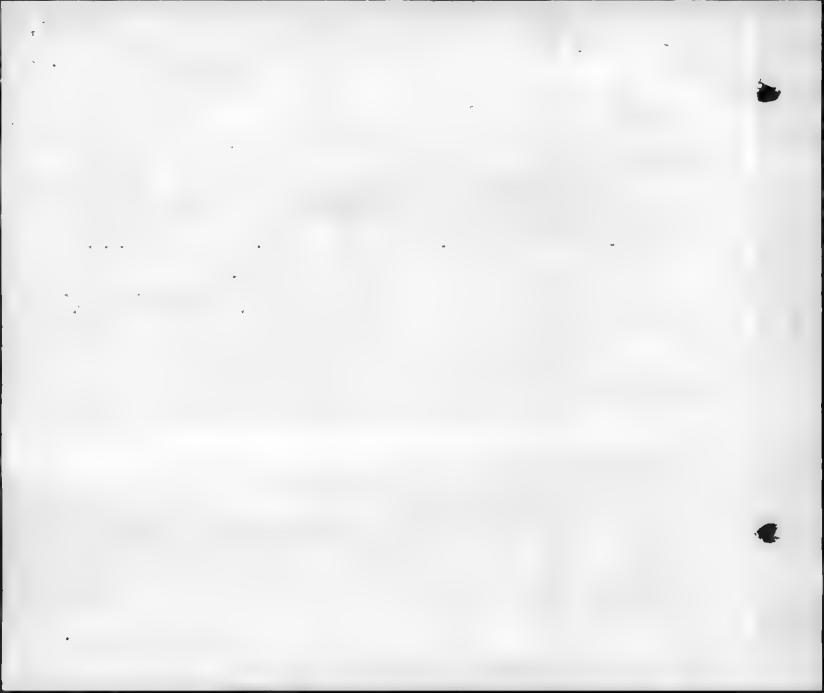
VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12817

12811

	3.40010							Reg. Dist	. No				
1. PLACE OF DEAT     COUNTY Prince			MAR	YLAND	2. USUAL RESIDENCE (W o STATE Mary land		b COUNTY		before admi	ission)			
b. CITY OR TOV	VN (If outside corporate limite nearest town)	its, write	c LENGTH OF STAY	(IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Cheverl			13 days		X Upper Marl	boro							
	OSPITAL (If not in hospital.	give street			d STREET ADDRESS				e IS RI	ES DENCE A FARM?			
Prince G	eorge				Box 15 A	Route	e l .		YES [	NO			
3 NAME OF DECEASED (Type or print)	Luci	nst	Middle		Coplan	4. DATE OF DEATH	Nov	oth	<sub>Day</sub>	Yeor 1958			
5. SEX	6. COLOR OR RACE	4	IED NEVER MARRI	ISDN B	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND				
Female	White	WIDOWI			11-18-1909		lost birthdoy)		oys Hours				
10a USUAL OCCUP during most of CASHII	PATION (Give kind of work working life, even if retired	1)		OR INDUST	,		ountry)		EN OF WHA	T COUNTR			
13. FATHER'S NAME		C/	B Co.		14. MOTHER'S MAIDEN			U_	S.A.				
	AKNOWN												
15. WAS DECEASED	DEVER IN U.S. ARMED FOI	RCES? 16	SOCIAL SECURITY NO	D. 17. IN	ORMANT	KNOWN.	"DO V Add	5' A, R	OTTOTAL 1				
(Yes no or unknown)	NO NO	recuse)	579 28	9987	RS JVY M GOR	MT.EY	UPPER						
Conditions, gove rise to couse (o), storying cause I	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (continued on the DUE TO THE SIGNIFICANT CONTINUED TO THE DUE TO THE D	) ) )	Chim	e c !	faciliere Pyelma		tys.	/EN IN DADY	INTERVAL E	D DEATH			
CATIC								THE HAT PART	PERF	ORMED?			
	T WAS UNDERLYING TING CAUSE OF DEATH TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter nature of injury in	Port I or Part	II of item 18 ]						
Hour e.	NJURY Month, Day, Ye . m. 19	or 20d, It While of work	Not while of work	20e. PLAC focto	E OF INJURY (Home, formary, street, office bldg., etc.)	m. 20f. (City	or tawnj	(Co	unty)	(State)			
21. I certify alive on // actual signature Physician's NAME (Type)	y that I attended the 9 Nov William		~	death a	1954, to 17 procurred at 12-1		1998 1 the causes of reet, city or lown.	state)	e date sta	e decease ted abov DATE SIGNI			
220 BURIAL, CREM. REMOVAL (Spe BURIAL		)F	22c. NAME OF CEM		CREMATORY	22d. LOCAT	ION (City, town,		•	ote)			
23 FUNERAL DIREC		1	ADDRESS /	752	AND COMPANY OF SHARE SPACES SPACES SHARE SPACES	D BY REGIST		MORGAS STRAR'S SIGN		-			
9/ 31	Henri	mile	ileri	, ,	CILL DARDI			ma S. to	au4				



FOR STATE HEALTH DEPT.

execute the certificate writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be forward. To the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your standard to Funeral DIRECT. X: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Baard entrolling or its designated agent, prior to burial, cremotion, ar removal, and in director within 72 hours after death.

V\$ A15ME \$M 2,57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_		No.	2	8	1	2
Reg.	Dist.	No.	_			

PLACE OF DEATH			•		, USUAL RESIDENCE	(Where decease			nce before	odmiss on)
	nce Georges		MARY	AND	o. STATE Mai	ryland	P. COUN.	Pr.	Geo,	
	eutside corparate limite write it	URAL	c LENGTH OF STAY	N 1b	c. CITY OR TOWN		oarote lim ts, write			
Che	verly		D.O.A.		34 Brent	wood				
	AL OR INSTITUTION (If	not in hosp	ital, give street address	}	d STREET ADDRES	S				IS RET DENTE
Prince	eorges Gene	ral_H	ospital		3800	Bunker	Hill Ro	ad	у	ES NO
3 NAME OF DECEASED	First		Middle		Lost	4. DATE	Man	th	Doy	Year
(Type or print)	James	T	hornton	Cor	nwell	DEATH	Novem	ber	30	1958
S, SEX	6. COLOR OR RACE 7	- MARRIE	NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lest berihday)			UNDER 24 HES
Male	white '	NIDOWED	DIVORCED 5	7 2	-12-1899		59 yrı.	Months	Days Ho	pura Min.
Oo. USUAL OCCUPATI	ON (Give kind of work do	ne 10b. Kl	ND OF BUSINESS OR I			ate or fareign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY
None	ng life, even if retired)	D4	sabled Vete	מפייב	Virgini	*		1	J.S.A.	
13. FATHER'S NAME			Sauled ve of		4. MOTHER'S MAIDER				i en etre	-
Felama	M Comment				A	nnie :	Posey			
15. WAS DECEASED EV	M. Cornwell ER IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. INF	PRMANT	MILE .	Addres			
[Yes, no, or unknown]	(If yes, give war or dates of sen	vice]		Towns	J.m. Tanna	ma 00m0	addmoss.	20 #	2	
Yes	W.W. 1	and lone &	- (ā (b)d (a) î	F.V.E	lyn Tanne	r.: same	With east	SED IL	- para	BETWEEN
	TH Enter only one couse	ber me							ONSET AP	ND DEATH
PARE I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute con	gesti	ve heart	failure				
442X	DUE TO						<u> </u>			
Conditions if o	ny, which (b)		Cardiovas	enlar	renal di	sease				
gove rise to imme	diate cause									
(o), stating the	Gilbertying									
	(c)	TIONS CO	NTRIBUTING TO DEATH	R.ET NO	PELATED TO THE TE	PAINAL DISEAS	F CONDITION OF	VEN IN PART	T 2/e) 19 3	MAS ALITOPSY
	TOTAL CONDI	110.13 201	The state of the s	1201140	TREATED TO THE TE	WWIND DIDENS	1 00110 11011 01	TEN DE LOS	YES	ERFORMED?
200. EXTERNAL CA	USE WAS 20b.	DESCRIBE	HOW INJURY OCCUR	RED (Ente	r nature of invervin	Part Loc Part 11	of Ham 18 )		1,53	
PART II. OT	NTRIBUTING [			(,						
	RY Month, Doy, Year	120d 18	NJURY OCCURRED 20	e PLACE	OF INITIPY (Home &	orm 1206 (City	or town)	(Cou	antu'i	(State)
20c. TIME OF INJU		While	Nat while	factory	street, office bldg.,	elc.)	or rown;	(Can	my)	(2:016)
	19		k of wark							
21. I certify t	hat I took charge o	of the re	emains described	obove	, held on Auto	psy 🔲, li	rspection 🛂	Inquir	у 🔄 ,	and in my
opinion death	resulted from: No	oturol c	auses 🕱 , Accid	ent 🗌	, Suicide ,	Homicide	, Undet	ermined n	nonner	
\ \ \	1	/	1							
ACTUAL	Mars 7 94	706	BALL Som		CHIEF MEDICAL	EXAMINER [			D	ATE SIGNED
SIGNATURE_	ZEVVUU.I.	122	The same		ASSISTANT MED		r l'O			
EXAMINER'S	Talan M M 3	on ATT	MD		DEPUTY MEDIC	_		ember	30,	1958
NAME (Type)	John T. M.l.					***				
REMOYAL (Specify	ON, 226. DATE THEREOF		22c. NAME OF CEMETE				TiON (City, town,			(State)
Burial	Dec 3, 198	28	Fort Lince	oln			ar Janor			
23. FUNERAL DIRECTO			ADDRESS		24ø. RI	EC'D BY REGIST	RAR 246 REG	ISTRAR'S SIG	NATURE	
F'. 3a	sch's Sons	ilya	ttsville,	Md.	DATE	FC 2 '58	(-)	in Ph		



death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Poge may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fur page 3 shauld be of the form of the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shout the registrar prior to curial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12863 CERTIFICATE OF DEATH

#### **CERTIFICATE OF DEATH**

12814

Н		regional reco
	PLACE OF DEATH COUNTY PINCE (FORGE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  STATE  B. COUNTY PRIME TO GEORGE
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  * ACCOKEEK
ŀ	ACCOKEEK	
	d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION BOX 360 ROUTE#/	80×360 ROUTE # ON A FARM?
ſ	3. NAME OF DECEASED (Type or print) EDWARD LELAND DAR	LING OF DEATH NOV 27, 1958
İ	5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B.	DATE OF BIRTH  9. AGE (In years   IF UNDER ) YEAR IF UNDER 24 HRS    Date of Birth   9. AGE (In years   IF UNDER ) Hours   Min
ŀ	The state of the s	7 KIL 22, 1902 36 ym
-1	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
ļ	MARINE ENGINEER EMB. BAIRY	GIRARD ILLINOIS V.S.A.
1	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	LNKNOWN	UNKNOWN GRAHM
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN	FORMANT Address
	VES WAR 1, 163-01-3461712	waillian R.DARLING ACCOKIE EK, MD
Ī	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
1	PART 1. DEATH WAS CAUSED BY: Chronic Sulmo	Mary Fibrusis ONSET AND DEATH
-	DUE TO	
1	Conditions, if any, which (b)	
1	gove rise to immediate couse (a), stating the under	
-	lying couse tast.	
1	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY
	Engly General, as Pulsary	PERFORMED? YES NO E
	# 200 ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   UT   (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of Item 18.)
1		CE OF INJURY (Home, form, 20f. (City or lown) (County) (Slote)
1	Hour e.m.  While Not while facts  p. m.  19 of work and work	pry, street, office bldg., etc.)
ı	21 I certify that I attended the deceased fram. Jun	
1	11/ 5	accurred at 165 P.M. from the causes and an the date stated above.
1		ADDRESS (Street, city or lown, stote) DATE SIGNED
Л	SIGNATURE ( My M ) 4 MUZY / MM	o do min a SE.
	PHYSICIAN'S E J Y KOEE	M1. 15.
F		CREMATORY 224 A CATION (City, town, or county), (State)
	Bureal 12-1-1958 Christian	Grede & Hill tenna.
	23 FUNERAL DIRECTOR'S SIGNATURE CO. Inc. Washingt	57, DE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEC 1 18 Outing & Kinga
Ŀ		- Theres



VS A15 (4) I5M 10/57

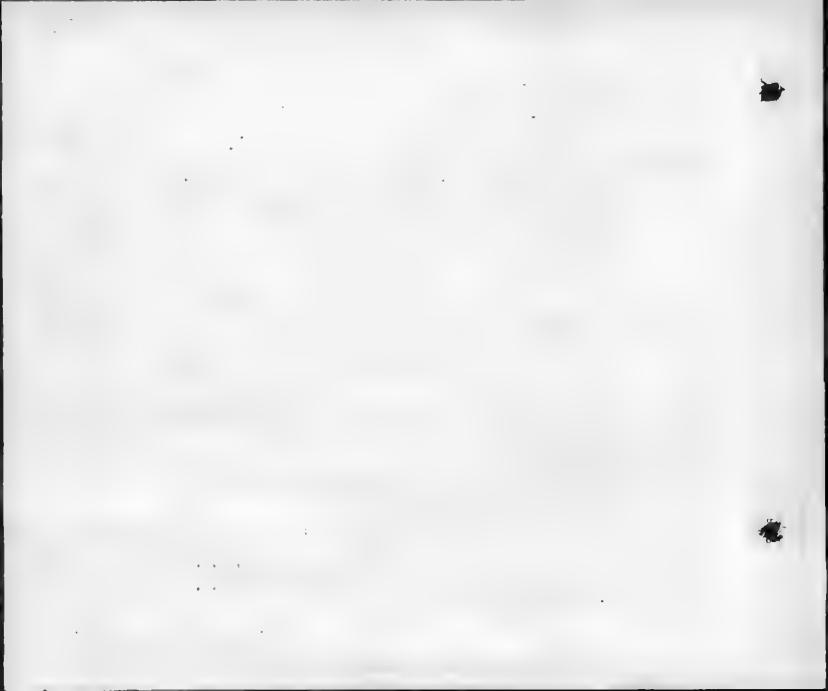
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with	D	
	remain man	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12819

**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH  COUNTY  Part non Gooden	MARYLAND	o STATE	_ b COUNT						
b. CITY OR TOWN (If outside carporate limits, RURAL and give nearest lawn)		C.rpity OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Tuxedo							
d NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION	20 Days	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?					
Prince George's Gene	ral Hospital	1 5200 Tur	redo Rd.	YES NO S					
3 NAME OF First DECEASED (Type or print)	Middle Day	vidson	4. DATE Mo OF DEATH NOV.	18 Day Year					
5. SENTOMALO 6 PERIOLER RACE 7	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9 AGE (In years last Orthdoy)	Months Doys Hours Min					
10a USUAL OCCUPATION (Give kind of work do during most of working life, eyen if retired)				12. CITIZEN OF WHAT COUNTRY					
Retired	Clerk	Virgin	nia	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN							
Theodore B. Lipscom		Annie Ba	arker						
15 WAS DECEASED EVER IN U. S ARMED FORCE (Yes no. or unknown)     (If yes, gave wor or dates of servi	S? 16 SOCIAL SECURITY NO 17.	INFORMANT	Ade	dress					
no	E	well Mohler	Same Addre	SS					
18 CAUSE OF DEATH [Enter only one cous	e per line for (a), (b), and (c).)			INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Mul	- Tack	un	OF SET INVO SENTE					
442X DUE TO	442× DUE TO								
( Conditions, if ony, which ) the the lease to the lease									
gove rise to immediate cause (o), stoting the under lying cause lost.	gove rise to immediate cause (o), stoling the under								
PART II OTHER SIGNIFICANT CONDITION OF CONTRIBUTING   200 ACCIDENT WAS UNDERLYING   201 ACCIDENT WAS UNDERLYING	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO NO								
	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	n Part I ar Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19	20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJURY (Home, for octory, street, office bldg., e	rm, 20f (City or lawn)	(County) (State)					
21. 1 certify that I attended the d	deceased from CCT . 2	9 1958 to	1200,18,195	S,that I last saw the deceased					
alive on 7/07/18	, 195 3, and that deat	h occurred at 9:15		and on the date stated above					
ACTUAL SIGNATURE ADELES Ch	era-Xlad	м.д. 1726 Е	ADDRESS (Street, city or town Eye St., N.W.	, state) DATE SIGNED					
PHYSICIAN'S NAME (Type) The Saul Schi	vertzback	Washi	ington, D.C.						
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, town,	()					
Burial Nov. 21,				g, Maryland.					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	T T		ISTRAR'S SIGNATURE					
F. Gasch's Sons	Hyattsville, N	daryland DATE	NOV 2 U SE	of trace					



The same of

00

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12820	CERTIFICATE	OF	DEATH	

**CERTIFICATE OF DEATH** 

100		
1	PLACE OF DEATH . COUNTY PRINCE TEACHER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b COUNTY
Ī	b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town).	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
-	Recently	X
Т	d NAME OF HOSPITAL (If not prospital, give street address) OR INSTITUTION	d STREET ADDRESS
L	Residence	13012 Sausel Cull YES NOX
13	NAME OF DECEASED (Type or print)  Luther Robert	Poulde 20 4. DATE Month Day Year DEATH NOV // 1958
1	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min
L	Male White WIDOWED DIVORCED	May 3 1881 Tyrs. Months Doys Hours Min
Ī	00 USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
ı	Farming Farm Owner	Urginia 1/5A
1	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	(harlie Doulden	Ida Uramia Thanne
		INFORMANT Address30 17 Tolor Of Dull
	(Yes, no. or unknown) (If yes, give wer or dates of service)	whather V. Sulluka, (Reverley mas.
ı	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),	FT 7/ + 1 INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY. Collectionele & C	ie Alan draduce 6 mos
1	DUE TO P [ ] /	
ı	Conditions, if any, which ) (b) the to.	(che-) 4 & you.
ı	gove rise to immediate couse (a), stating the under-	
ı	lying couse lost.	
1		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	PERFORMED? YES NO PT
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part I or Part II of item 18 )
	70g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e P	LACE OF INJURY (Home, form,   20f (City or town) (County) (Stote)
1	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work of work	octory, street, office bldg., etc.)
1	21. I certify that I attended the deceased from Mov (c.	1957, to Nov. 1/ 1958 that I last sow the deceased
		, , , , , , , , , , , , , , , , , , , ,
	olive on 1997, and that death	h occurred ot 1036 AM, from the couses and on the date stated above,  ADDRESS (Street, city or town, state)  DATE SIGNED
	ACTUAL OF SET DON'TON	18 11 En C + 71 /1
	CA: FLANCESO	M.D.
	PHYSICIAN'S E. R. FENTON	Wash 6 De
2	20 BYRIAL CREMATION, 226 DATE HEREOF 220 NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City town, or county) (Stole)
k	Turial 11/14/58 11/anne	Hanestan livanio
2	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
1	To War Teen Wash W. C.	DATE NOV 1 3 '38 ( 1 thun & Thank
Person		

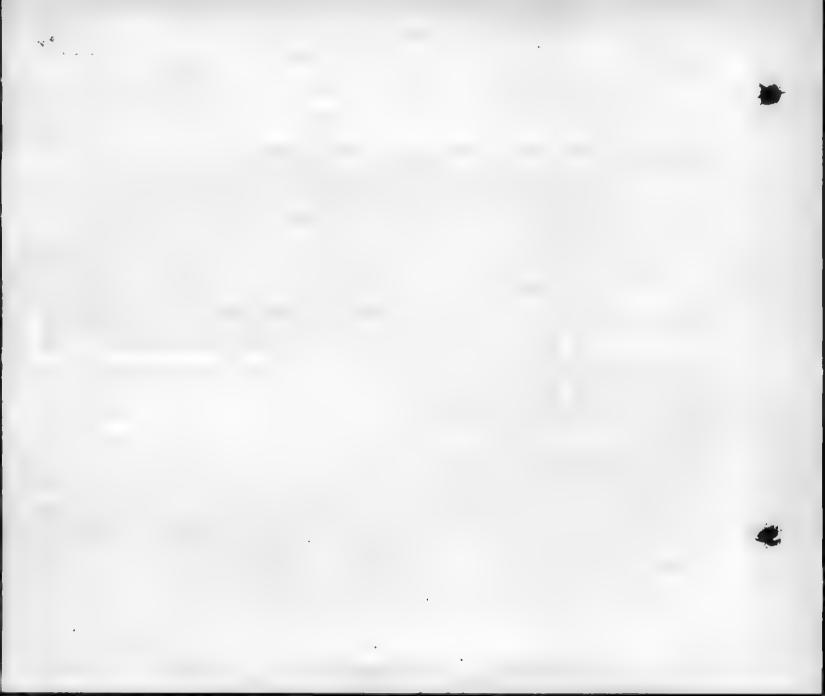


V\$ A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12821 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

		PLACE OF DEATH				LI.	USUAL RESIDENCE (M	here deceased	I lived. If institute b COUNTY	on Residence	e before oc	imission)
3	1	Prin	ce Georges	1	MAR	rland	Maryla	nd		rince	Moor	MAR
		b. CITY OR TOWN ( F RURAL and give nec	autside corporate limi		c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF		rote limits, write R	URAL and go	ve negrest	lown)
		Chev	erlx		10 hour	5	Capitab	Heights	3			
1		OR INSTITUTION	L (If not in hospital, g	ive streef	oddress)	1	d STREET ADDRESS				e. IS	RESIDENCE
1	<u>L</u>	Prince G	eorges Ger	orla	Worn ita	1 1	821 59 Ave	ทบอ			YE	s 🗌 NO 👨
	3.	NAME OF	Fir	st	Middle	:	Lost	4 DATE	Mon	th	Day	Yeor
		DECEASED (Type or print)	Susa	n		Dow	ling	OF DEATH	Novem	her	5	19 58
	5. 5	SEX	6. COLOR OR RACE	7. MARR	NEVER MARR	ED [] 8 C	ATE OF BIRTH		9 AGE (in years last birthday)		YEAR IF U	INDER 24 HRS
		Female	White	WIDOWI			8/9/05		fast birthday)	Months [	Days Ho	urs Min
	10a	USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS (	OR INDUSTRY	11. BIRTHPLACE (Slot	e or foreign co	ountry)	12. CITIZ	ZEN OF W	HAT COUNTRY?
		Housew	ife				Geor	rgia		Un	ited :	States
	13	FATHER'S NAME				1	4. MOTHER'S MAIDEN		1			
			71				12-1	~ k	0	. t		
	75	WAS DECEASED EVER	ALU S APPERT FOR	CESS 114	SOCIAL SECURITY NO	). 17. INFO	DEL ANT	11	Add			
			en, give wor or doles of t		SOCIAL SECURITING	7.   17. HALO	MUNICIPAL (		A001	LEXP.		
			1			Geo	rge Dowling	Hus	band	Addres	S. S.	ane
		18. CAUSE OF DEAT	H [Enter only one co	iuse per lic	ne for (o), (b), and (c)		,					L BETWEEN
		PART I. DEAT	H WAS CAUSED BY:	II	rtha co	nebi	IAL he	MOK.	nhAa	0	7.4	AND DEATH
											-314 5	
		Conditions, if any, which) (b) Hypentensive CARLIO VASCULAR ) ISEASC 5425										
		I DOVE (158 TO IMPRECIATE I								09143		
		couse (a), stating th		•								
		lying cause lost.	) (c	)								
	Z O	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
d.	CATION											REFORMED?
-4 -3		20a. ACCIDENT WAS	UNDERLYING ET	20b. DES	CRIBE HOW INJURY C	CCURRED. #	nler nature of injury in	Port I or Port	t II of item 18.1			
	CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	CAUSE OF DEATH						,			
		<u> </u>						Taxa -				
	MEDICAL	20c, TIME OF INJURY Hour a, m,	Month, Doy, Ye	or 20d, It While	NJURY OCCURRED  Not while	20e. PLACE	OF INJURY (Home, for , street, office bldg., et	m,   20f. (City fc.) !	or town)	{Ce	ounly)	(State)
	ME	p. m.	19	of wor								
		21. I certify the	it I ottended the	deceas	ed from Novem	her l	_, 19.58_, to No	arramhar	£ 19£8	that I I	net enw l	the decaysed
		olive on Naver		719 5			curred ot9-1154					
		Olive Oli TITTAM	با الرحمية			deom of	correct or 3.2428		ireet, city or town,		e doie s	ratea obove.
		ACTUAL M	porter.	1)1	nel IVI	mean	سے و ما	ADDRESS (S	2 to a set of	sicre)	- 44	DATE SIGNED
7		SIGNATURE				M.D	33	1 20	en ry 3		/L	15/51
		PHYSICIAN'S 12	an man	5	/	4	Mar las	- Du	t to the .	1	•	•
		PHYSICIAN'S NAME (Type)	000000		onn'	DME	44 pm	1 1/241	wien	Md		
	22a	BURIAL, CREMATION	, 226 DATE THEREC	)F	22c. NAME OF CEM	ETERY OR CI	REMATORY	29d LOCAT	IION (City, Ipwn, i	or county)		(Stote)
	1	REMOVAT (Specify)	V//7/	195-	化付入足	ind	1250 ~ VI W	7 3	XX In	701-	. 63	60
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	31-11	XXX 8 240, REC	P BY REGIST	RAR 245 REGI	STRAR'S SIG	MATURE	7. 4
		2 1 11	Amount.	- 0	1010	16	PATE	M 1 0 28	Can	way 10. //	Districts.	
		na-x	1.1000	mic	y van	A.J.X	, DAIE					
				3	<u> </u>							



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR Steer this certificate has been signed by the attending physician and completely filled in by the fundamental director. After this certificate has been signed by the attending physician and completely filled in by the fundamental director.	想
the registrar prior to burial, cremation, or remayal, and in any event within 72 hours deer death.	2
	<

VS A15 (4) 1SM 10/S7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12864 CERTIFICATE OF DEATH

12818

	Reg. Dist. No.						
1. PLACE OF DEATH COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b. COUNTY Prince George's						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Glenndale, Maryland 25 years	X Glenndale, Maryland.						
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	STREET ADDRESS  e. IS RESIDENCE ON A FARW?						
Glenndale Road	Glenndale Road YES NO X						
3 NAME OF DECEASED (Type or print) SCOVGR ////////////////////////////////////	Dij Peu DATE Month Day Year Dig Teath 2001						
S. SEX , 6 COLOR OR RACE   7 MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE By years IF UNDER 1 YEAR IF UNDER 24 HR						
make white WIDOWED DIVORCED	July 2, 1881 77 yrs Months Doys Hours Min						
<ol> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if relired)</li> </ol>	STRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT						
Retired Freight Conductor	Maryland U S A						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Cornelius Duley	Unknown						
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO 17.	INFORMANT Address						
[If yet, give wor or dates of service)  NO	rs Mary M Duley Glenndale, Md.						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ONSET AND GEATH						
527 IMMEDIATE CAUSE (a) Droncho Phe	O MOTHE LUCK						
DUE TO	MO.D						
conditions, if any, which gove rise to immediate (b) Company Sema							
couse (a), stoting the under-	V						
lying couse lost. (c)							
PANT I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?						
	YES NO						
OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of ilem 18 )						
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Hour o. m. While of work of wark	ACE OF INJURY (Home, form, 20f (City or town) (County) (State ctory, street, office bldg., etc.)						
21. I certify that I attended the deceased from Zrz	Cy 1950, to mil 1 1958, that I last saw the decease						
olive on 200. / 1958, and that death	100m						
	ADDRESS (Street, city or lown, state)  DATE SIGN						
SIGNATURE / LAME - Mary	" RED RAMIE nd 11/21						
SIGNATURE	mil for						
PHYSICIAN'S H. James Kyvt	2 R B D Bowie, Maryland.						
220 BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY C	OR CREMATORY Z2d LOCATION (City town, or county) (State)						
Nov 5, 1958 Ft Lincoln	Cemetery Colmar Manor, Md.						
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D 8Y REGISTRAR 246 REGISTRAR'S SIGNATURE						
F. Gasch's Sons Hyattsville, Mary	land. DATE OV 6 '58 Ciriling S. Frances						



death.



1	w* .		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STA	NTE >		12823 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12821)
HEALTH D	EPT.	1 (	PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived. If institution flesidence before admission)  5. COUNTY (1)
Pleas	~.	b	CCITY OF TOWN (1 o/15 de co porcée aimis more BURA C LENGTH OF STAY IN 1b C CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
rector your	M )		Cheverly Delederand & Throndywing
rol di	97	(	ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. 15 RES D. 11. ON S. 5.087  YES TO NO.
deray fune retain Stote death		1	NAME OF DECEASED (Type or print)  A DATE Month Doy Year OF DEATH
to the the the the ofter		5. \$	SEX 6 COLOR OR RACE 7 MARRIED TO MEYER MARRIED B. DATE OF BIRTH 9 AGE In years IFUNDER 1YEAR IF UNDER 24 HOS
and 3 and 3 2 will hours		100	USUAL OCCURATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY   11. BETHPUCE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
dec 1, 2, c Poge 1 and 1 in 72		d	Jung most of working life, evaged retired Retired Donna 74.5.6
ors officials and pages		13.	FATHER'S NAME  14. NOTHER'S MAIDEN NAME  14. NOTHER'S MAIDEN NAME
24 ho Sive P File	K j	15. [Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Scapeline alleritoria Al
Tarit.			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
iftem.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) acute composting heary factory
Office Di-tron			Canditians, if any, which) (b) Canditians, if any, which)
in per in			gove five to immediate course (a), stating the underlying DUE TO
ding: Exami		Ž	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
"pen "pen dical e ese	e de la companya de l	THICH	YES NO DESCRIBE HOW IN HIS OCCUPAND (Finder police of lower Park to Beach t
word word ef Mer suld b		AT CEPT	CAUSE OF DEATH.
NER: 1 tg the e Chi		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form,
Pog th			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
orgen agen			opinion death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner
Certific Cer			ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
UTY I	1		EXAMINER'S NAME (Type) JAMES I BOY OF 11,191-8
Executed A share or its		220	BURIAL CREMATION, 226 DATE THEREOF 222 THAME OF CEMETERY OR CREMATORY 222 LOCATION (City, town, as country) (Store)
VS Alsme		23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240 REC'D BY REGISTRAR'S SIGNATURE
BM 2,57	-	_	Sennor Bros /661-gel Hope Pel Joane NOV 1 3 '58 arthur S. Kinus
			in the second se



VS A15 (4) I5M 10/57

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filled in by 1	ages 1 and 2	
campletely i	papers. Pa	feoth,
ian and	carbon	ofter de
physic	етоме	hours

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

		127	97	CERI	[IFIC	ATE OF I	DEATH	1		Reg. D	ist. No	12	841
١.	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere decease	d lived. If institute	on Reside	nce befo	re admis	sion)
	Pri	nce Georg	e ts	MA	RYLAND	o STATE	Md		b. COUNTY	Prin	ce (	Geor	ges
	b CITY OR TOWN (I	f outside corporate limi	its, write	c LENGTH OF STA	AY IN 1b	c. CITY OR	TOWN (If o	utside corpo	prote limits, write R	URAL ond	give ne	arest tow	n)
		lle, Md.		60 year	S	1/5 1	iyatt:	svill	e, Md.				
	OR INSTITUTION	AL (If not in hospitat, g	give street	address)		, d. STREET A	ADDRESS					e. IS RES	SIDENCE
	4209 J	efferson S	St			42	09 J	effer	cson St.		1		A FARM? NO <mark>S</mark> ax
	NAME OF DECEASED (Type or print)	Ju]		Midd K.	dle	Ervin	si .	4. DATE OF DEATH	Mon	ombe	Do		Yeor 19 58-
5.	\$EX	6. COLOR OR RACE		RIED NEVER MAR	RRIED [	8 DATE OF BIRT	H	-	9 AGE (In years				ER 24 HRS
f	emale	white	WIDOW	_	CED	Dec 25	, 187	'6	lost birthdoy) 82 yrs	Months	Doys	Hours	Min
100	USUAL OCCUPATION	ON (Give kind of work ling life, even if retired	done 10b	KIND OF BUSINESS	OR INDU	JSTRY 11 BIRTHPI	LACE (Stole	or foreign c	ountry)	12 CI	TIZEN C	F WHAT	T COUNTRY
		ung lite, even if refired USEWife		own Home			ingto			U	S A		
13	FATHER'S NAME	ABCHILC		WIL MOINE		14. MOTHER'S							
	Cha	arles "Wee	ks			Sarah	Cathe	rine	Webb				
15.	WAS DECEASED EVE	R IN U. S ARMED FOR	CES? 16	SOCIAL SECURITY N		INFORMANT			Add	ress			
(¥4	No.	(If yes, give war ar dates of s	rikantin)	none	J,	. Dallas	Ervi	n E	lyattsvi.	lle,	Md.		
		TH [Enler only one co	ouse per l		(c) ]	4.					LINT	ERVAL BI	ETWEEN
	1	TH WAS CAUSED BY.	10	4	1.	lin					ON	SELAND	DEATH
	422	DUE TO		your	ELL							-	4-0-0
	Conditions, if or	nu mhich I		/									
	gove rise to in	mmediate Dus To									_		
	lying couse lost.	he under-	4										
CATION		IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO D	DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
L CERTIF	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY	OCCURR	ED (Enter nature a	of injury on f	ort I or Par	l It of ilem 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Monih, Day, Ye	While	Not while	20e. Pt	LACE OF INJURY ( actory, street, office	Home, form, e bldg., etc	20f (City	or town)		(County)		(Stote)
~		at I attached the			2.401	199		1	3 1018				
	alive on 11 3	at I attended the	neced:		-			244	7 1947	, Wrat I	last so	aw the	decease
	GIIVE OIL TITE		, 129	r_b_, angrin		n accurred all	יותאביו	J.M. fran	n the couses o	and an i	the da		ed abave ATE SIGNE
	ACTUAL SIGNATURE	unas	1	Harry		M.D	Ma	tra	will.	3	10	1	ATE STORE
L	PHYSICIAN'S NAME (Type)	Dr Leona	rd H	ays			(Alya	ttsvi	lle, Mar	ylan	d.		
220	BURIAL CREMATO REMOVAL (Specify) BUTTAL	Nov 10,		272c NAME OF CE		or crematory Cemetery	,		TION (City, lown, on ington			(Stat	e)
23.	FUNERAL DIRECTOR	5 SIGNATURE		ADDRESS			240 REC'I	BY REGIST	TRAR 24b. REGIS	STRAR'S S	IGNATU	RE	
]	'. Gasch'	s Sons I	lyat	tsville,	Mary	land.	DATENOV	1 0 '58	3 an	lun S.	Hear	4	



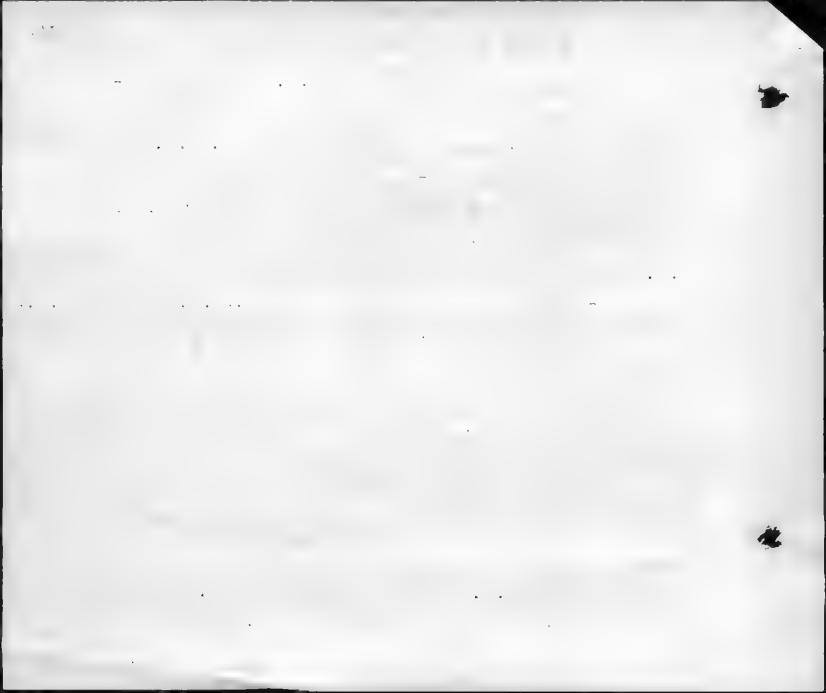
VS A15 (4) 15M 10/57 

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12865 CERTIFICATE OF DEATH

Reg. Dist. N1 2822

/	1 PLACE OF DEATH 0. COUNTY			2. USUAL RES	DENCE (When	re deceased li	ived. If instituti	on: Residenc	e before admi	ssion)	
	Prince Geor	res	MARYLAND	G. STATE	D.C.		b. COUNTY		_		
	b CITY OR TOWN (If outside cor RURAL and give neares) lawn)	porate limits, write c	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Glenn Dale (rur	271	6 months &				2.7	100	47)	V	
r	d NAME OF HOSPITAL (IF not in OR INSTITUTION	hospital, give street ad	dress)	d STREET	Washin ADDRESS	18 rou	- Aug	+1-	e. IS RE	SIDENCE	
	Glenn Dale H				21.57 7	7+h C+	N. W	r	ON	A FARM?	
	3. NAME OF	First		-11					153 [	№ 🔀	
	DECEASED		Middle	Lo		4. DATE OF	Mon		Day	Year	
	(Type or print)  5 SEX 6. COLOR	Alice	_	Finle		DEATH	11		28	19 58	
			NEVER MARRIED	B. PATF 85/81	H } or	9.	AGE (In years lost birthday)		YEAR IF UND		
	Female Whi			11/1/91			or yrs	-		MIR	
	10a. USUAL OCCUPATION (Give kind during most of working life, even	d of work dane 10b. KII n if retired)	ND OF BUSINESS OR INDI	JSTRY 11 BIRTHP	LACE (State or	loceidu con	191.	12. CITI2	ZEN OF WHA	COUNTRY	
	Housewife		**	Ala	abama			US	SA		
	13. FATHER'S NAME			14. MOTHER"	MAIDEN NA	ME					
	F. L. Fossick			Marm	v O'Rei	11v					
	15 WAS DECEASED EVER IN U. S. A.	RMED FORCES? 16. SO	CIAL SECURITY NO 17	INFORMANT T	1forms t	ion co	a a uma a cilidak	@lwanel	h Chand	- 073 had a	
	(Ves. no. or unknown) (If yes, give war	or dates of service)	None 1	th and l	Inshur	Sts.	N. W.	Machi Wachi	n thesi	CTIUIC	
				Miss My							
	18 CAUSE OF DEATH [Enter of PART I. DEATH WAS CAI								ONSET_ANT	DEATH	
	PART I. DEATH WAS CAUSED BY Pneumonitis, right lung, etiology undetermined, and DEATH 3 days										
,	Due 10										
ď	Conditions, if any, which										
	gove rise to immediate ( couse (a), stating the <u>under-</u>	DUE TO									
	lying cause lost.										
	PAST II. OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMINA	AL DISEASE C	ONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY	
		y tuberculo							PERF	DRMED?	
	200 ACCIDENT WAS UNDERLYIN		BE HOW INJURY OCCURR	ED (Enter nature i	of injury in Por	rt I or Port II	of item 18.)			1 110 [11]	
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING HEDICAL EX	AMINER)					•				
			IRY OCCURRED 20e. PI	ACE OF INJURY	Home form	20f. (City or	town	15.		(6)-1.3	
	B Hour o.m.	While _	Not whitefo	ctory, street, offic	e bldg., etc.)	zvi. (City or	lownj	(Co	ounty)	(Stote)	
		OF WOLK	ot work		;						
	21. I certify that I atten	ded the deceased	fram5/9	, 19_58	_, to	11/28	19_58	that I lo	st saw the	deceased	
	alive on 17/27		, and that deatl	accurred at	12:15A	M, fram I	he causes a	nd on the	e date stat	ed above	
		.0 /100	′				t, city or town,			ATE SIGNED	
	ACTUAL SIGNATURE	in DVT	10-	M.D	Glenn I	Dale H	ospital		11/28/	<b>'58</b>	
1			7							22	
	PHYSICIAN'S Moe V	Weiss, M. D	•		Glenn I	Dale,	Md.				
	220 BURIAL, CREMATION, 226 DAT	INTHEREOF 2	Zc. NAME OF CEMETERY C	D CDEMATORY	20'	24 1004710	AL (C)				
	REMOVAL (Specify)	28/58	ACT TO THE OF CEMETER !	A CREMATORT	44	The same	N (City town, a	r county)	1 /310	1	
	23. FUNERAL DIRECTOR'S SIGNATURE	20/10	ADDRESS	1 17 4		ruce	ume		ula	rama	
	The state of the clocks stone of the		DOS 1 14	1411116	24a. REC'D B	BY REGISTRA	107.0	TRAR'S SIGN	S Trans		
	me s. H. Him	Co.	2461-14 1	1.11.1.	DATE	A-0 -		Country	d. Thousa		



CERTIFICATE OF DEATH 12866Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) · COUNTY g **b.** COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Village Kent ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 7204 Hawthorne Street YES NO S NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 193 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Hours Min. WIDOWED USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, eyen if retired) 13. FATHER'S NAME 5 9 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Osclerelic Canditions, if ony, which gave rise to immediate **DUE TO** casse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY **PERFORMED?** NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while of work of work . 1955, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred dt .M. fram the causes and an the date stated abave, ADDRESS (Street, city or jown, state)... DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22of BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/5S Onthun & Traces DATE NOV 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

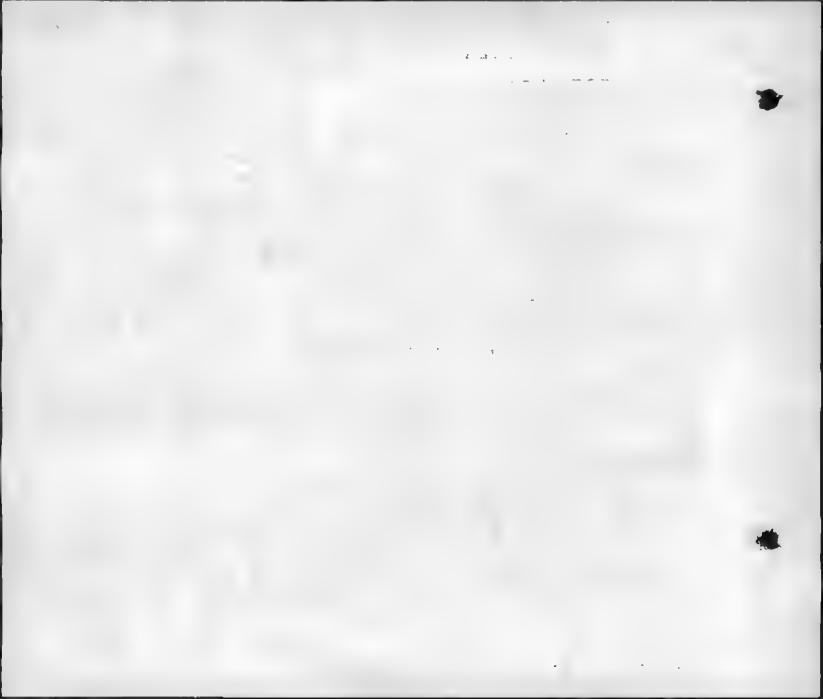
12824

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	NACH Z			Keg. Dist. N	٥.
	COUNTY ANDE ARUNDE		2 USUAL RESIDENCE (Where deceased I ve	ed If institution Residence b  b. COUNTY	efore admission)
þ	and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporole		negrest fown)
	LAUREL		PHILADE	LIMIN	
d.	Laurel Rape in hospital	give street address)	1015.415T.	S. T.	ON A FARM YES NO
DI	AME OF First population of First Page 100 of Fir	Middle	FIRST DEATH	Month Day	
5. SE	M 6 COLOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED 8	MAY 4 1904-	BE (in years   IF UNDER TYPAL Months   Days	Hours Min.
10o du	USUAL OCCUPAT ON Give kind of work done 10b KIND ring most of working life, even if refired.	OF BUSINESS OR INDUSTR	TY 11 BIRTHPLACE (State or foreign country)	12 C TIZEN (	OF WHAT COUNTRY?
12 6	ATHER'S NAME	, , , , , , , , ,	14. MOTHER'S MAIDEN NAME		
13. 1		000	ANNA SW.	reves	
				LENE 7	
	VAS DECEASED EYER IN U. S. ARMED FORCES? (16 SOC		OSE74 R. FLOOD.	3008 N. 1/5	-Horniburg G.
3	B CAUSE OF DEATH [Enter only one couse per line for ( PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	o). (b) and (c).]  scaydial Z	inforet	INT DN	SET AND DEATH
	4-560 DUE TO Conditions, if ony, which)	Dack	. Andrews		
	gave rise to immediate course (a), stating the underlying DUE TO	ary Occur	5/0V <sub>4</sub>		
	cause last. (c)				
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERM NAL DISEASE CON	IDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
51 1	OO. EXTERNAL CAUSE WAS 20b. DESCRIBE HO CAUSE OF DEATH.	W INJURY OCCURRED. (E)	nter nature of injury in Port I or Port II of iter	n 1B )	
WEDICAL	Haur e.m. While _	RY OCCURRED 20e PLAC Nat while of work	E OF INJURY (Home, form, 20f. (City or to-	wn} (County)	(Stote)
T	21. I certify that I took charge of the rem	ains described abov	re held an Autonsy Z Inspec	tion , Inquiry	, and in my
1 1	opinion death resulted from: Natural caus			Undetermined monr	4.
	ACTUAL Willie Voored	4	M D CHIEF MEDICAL EXAMINER		DATE SIGNED
	EXAMINER'S NAME (Type)	0	DEPUTY MEDICAL EXAMINER TO	11-	11-58
	The state of the s	NAME OF CEMETERY OR		Sity, fown, or county)	(Stole)
23. F	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	7 AZ40. REC'D BY REGISTRAR	246 REGISTRAR'S SIGNATU	
2	Talus Juneal Home	Citonsusk	6 MA NANNY 1 7 '58	0-11-04	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" is pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your res.

TO FUNERAL DIRECTOR Page 3 should be used as a berial-transit permit. File pages 1 and 2 with the State Board of the or is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15ME BM 2,57



DESTRICT OF DEATH    COUNTY   CONTINUED   COUNTY   COUNTY	1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
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15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BYGMAN!  16. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c)]  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c)]  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c)]  18. CAUSE OF DEATH [Enter only one coure per line for (o), (b), and (c)]  19. PART I. DEATH WAS CAUSED BY:  19. IMMEDIATE CAUSE (o)  19. DUE TO  Conditions, if ony, which gove rise to immediate course (o), stoling the support (c)  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BYGMAN!  19. DUE TO  Conditions, if ony, which gove rise to immediate course (o), stoling the support (c)  19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BYGMAN!  19. DUE TO  Conditions, if ony, which gove rise to immediate course (o), stoling the support (c)  19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PE	after on or	12	PATHER'S NAME BY A STHER'S MAIDEN NAME
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21. I certify that I attended the deceased from 10/17, 1957, to 11/24, 1958, that I last saw the deceased alive on 11/12, and that death occurred at 10/10/10/10/10/10/10/10/10/10/10/10/10/1	IAN: I lending ficote the bu		20a ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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alive on 11/12, 19 58, and that death occurred at 100 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED	Pital Pital for u	*	p. m. of work of work
ADDRESS (Street, city or town, stote) DATE SIGNED	A P S P P P P P P P P P P P P P P P P P	П	
SIGNATURE FRANK M NOWS A - M.D. 1840 Michigan Gue NE. 11/24/58	TEN O Service	П	
	DR A Seed by A start and a start and a start and a start a sta		SIGNATURE + rand M 1 roggs A - M.D. 1840 Michigan Give NE. 11/24/58
PHYSICIAN'S FRENK MA, TROZZO	retain RAL D should strar p		PHYSICIAN'S FRENK RG. TROZZO
220. BURIAL CREMATION, 226. DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 220 DOCATION Cyr. John or copyril & public of the c	JOSE 3	220	BURIAL CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d DEALION CONTROL OF COMMENTS OF CREMATORY
	0 0 0 0 T	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESSY:   Day   DECEMBER   14 PROJECTIONS SIGNATURE
VS ALS (4) . DATE  VS ALS (4) .	VS A15 (4) .	ħ	NOV 2 6 30
2nc.	13/11/1/33		In.

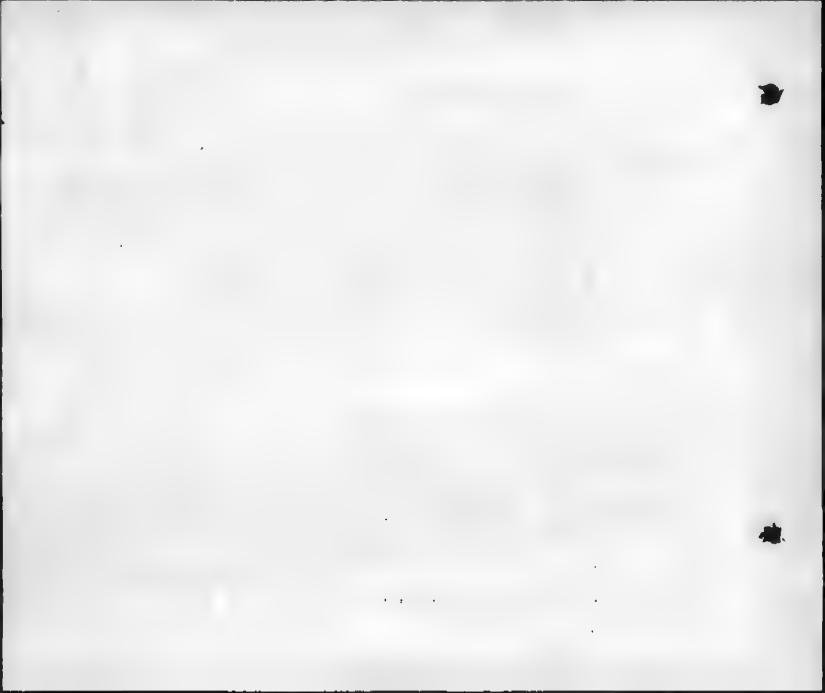
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VS A15 (4) 15M 10/57

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12825	CERTIFICATE OF DEATH	Reg. Dist. No. 12826

1. PLACE OF DEATH  o. COUNTY			deceased lived. If institution-Residen	ce before admission)
Prince Georges	MARYLAND	o. STATE Marvla	nd b. COUNTY Pri	nce Georges
	LENGTH OF STAY IN 16		de corporate limits, write RURAL and	give nearest town)
Cheverly	l day	44 Laurel		
d NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	(ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges General	Hospital	524 M	ain St.	YES NO
3 NAME OF DECEASED /T Total	Middle	Lost 4.	DATE Month	Day Yeor
(Type or print)	Girl	Garber	DEATH NOV	23 19 58
5 SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		TYEAR IF UNDER 24 HRS
Fomale White WIDOWED	DIVORCED [	22 Nov 1958	fost birthdoy) Months yes.	Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b KIN during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or I	foreign country) 12 CII	TIZEN OF WHAT COUNTRY?
during most of working lite, even it remed)		Maryland	T)	I.S A
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		
Jamos N Nash	eri	J	ean Gibson	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SO	CIAL SECURITY NO. 17. IN	NFORMANT	Address	
[Yes, no, or unknown] (If yes, give wor or dates of service)				
In Cause of Cearly for	L- (-) (h) (4.5.1			
18. CAUSE OF DEATH (Enter only one cause per line for		, ,		INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	maily CIC	ented ner	un systim	l day
DUE TO	3		e of	
Conditions, if any, which ) (b)				
gave rise to immediate (				
lying couse lost.				
19	STRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	T I/ol 10 WAS AUTOPSY
5	THE PARTY OF THE P	THE RELATED TO THE PERMITAL	CONDITION GITTE INTER	PERFORMED?
0				YES X NO N
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	(Enter noture of injury in Port	I or Part II of item 18.)	
	JRY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f (City or town)	County) (Slote)
Hour o. m. 19 While of work	_ 1461 441116 1	lory, street, office bldg., etc.)	•	
		r'o i		
21. I certify that I ottended the deceased		, 19_20_, to 23_	Nov 19.58., that I	last saw the deceased
alive on 23 Nov 1958 19	, and that death	occurred at 9.30HA	A, from the causes and on t	he date stated above
7/1/2		ADO	ORESS (Street, city or town, state)	DATE SIGNED
SIGNATURE / / Start & M. C.	me.	w.D ROBER	I S MCCENEY M.D.	
J. Sollard	0	105 W	AIN ST AE'	,
PHYSICIAN'S NAME (Type) Dr. Robert, McCe	nerv . M.D.			
			d LOCATION (City Jown, or county)	(Stote)
TEEMOVAL-(Specify)	Hanning	Cometas	Hara Signa C	o /len.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 A D B		
De Will Canaly	on Lan	rel Making	1 '58 Carlan S.	4 -
			1	



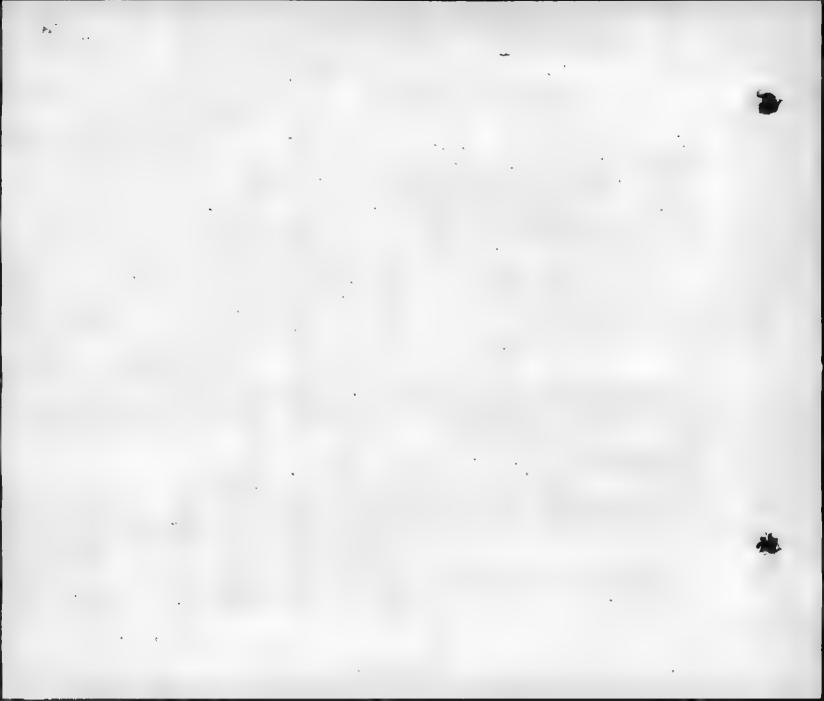
FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yar est. TO FUNERAL DIRECT. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Allth, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death. 1 4 shauld be forward to FUNERAL DIRECT

VS ATSME BM 2 57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 12827 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12826

•	7. [	LACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  5. COUNTY (2)
		Truce Georges MARYLAND & STATE Manyland & COUNTY Prince George
	Ь	CITY OR TOWN (II outside corporate limits, write RURAL and give nearest 18km)
)		Chevery fleodinamie 25 / mendal
/	1 8	MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS
7		Ville Georges General Hoopeter 3 4 13 Guentaria A 185 NO EL
	1	NAME OF DECEASED A Middle Day Your F
		Typo or print) Penneth Feon Gordon 4 DEATH Wor 9 1938
	5. \$	lai birihdgi) Months Days Hours Min
	r	WILL WILLIAM DIVORCED   May 2/, 17 34 14 yrs
1		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)
)		Viller Vinling Histrict of Colinter te. 0. a
	13.	FATHER'S NAME
	16	WAS DECEASED/EVER IN U. S. JARMED FORCES? 16 SOCIAL SECURITY NO. 117 INFORMANT
		WAS DECEASED/EVER IN U. (S.JARMED FORCES?) 16. SOCIAL SECURITY NO. 17 INFORMANT  Address  (If yes, girls for or dates of service)
	-	forwar wash
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I, DEATH WAS CAUSED BY
		MIMEDIATE CAUSE (0) Menantinge and shock
		OUETO 7 T. SOUL A A A O O
		gave rise to immediate cause
		(a), stating the underlying DUE TO
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	ATHON	PERFORMED?
	F	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.)
	CERTIF	PRIMARY DO CONTRIBUTING D LOrumen of auto That I am I may la extende bat
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 12th (City or town) (County) (Stote)
	WEDICAL	9 Hours o. m 11 - 9 195 8 of work of work of work of Suntan Roll Suntan P. 7 had
	~	21. I certify that I took charge of the remains described above, held on Autopsy ), Inspection V. Inquiry V. and in my
		opinion death resulted from: Notural couses   Accident   Suicide   Hamicide   Undetermined manner
		ACTUAL SIGNATURE DATE SIGNED  M.D. CHIEF MEDICAL EXAMINER []  DATE SIGNED
		ASSISTANT MEDICAL EXAMINER []
		EXAMINER'S AMPS (3) AD DEPUTY MEDICAL EXAMINER ON 9 1917
	<b>22</b> o.	BUR AL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
		Burial nov 12, 1958 Fort Lincoln Cemetery Colmar Manor, Md.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
		F. Gasch's Sons Hyattsville Maryland. ONE 1 4 50 Cuting S. Hand



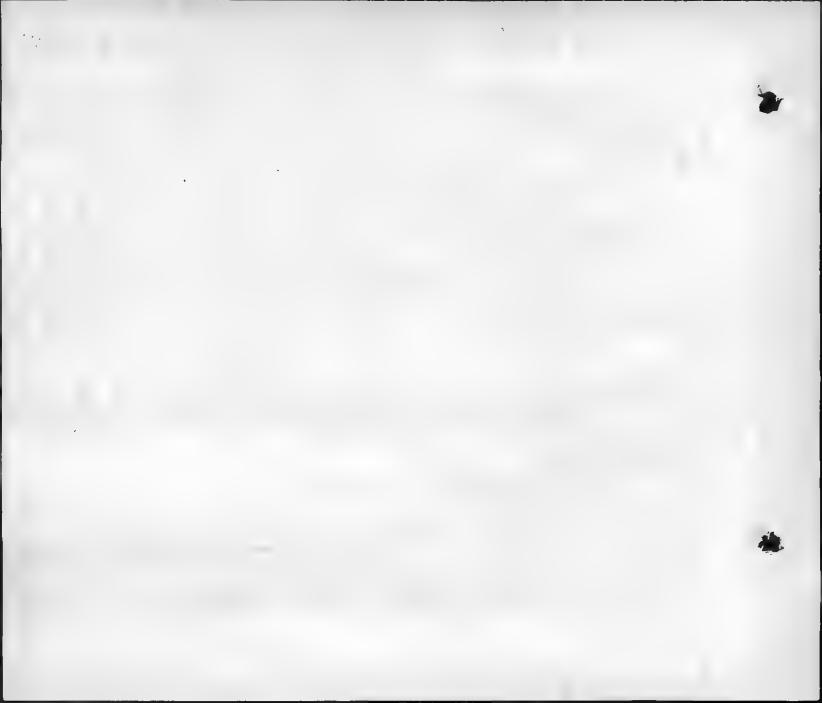
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12868 CERT

**CERTIFICATE OF DEATH** 

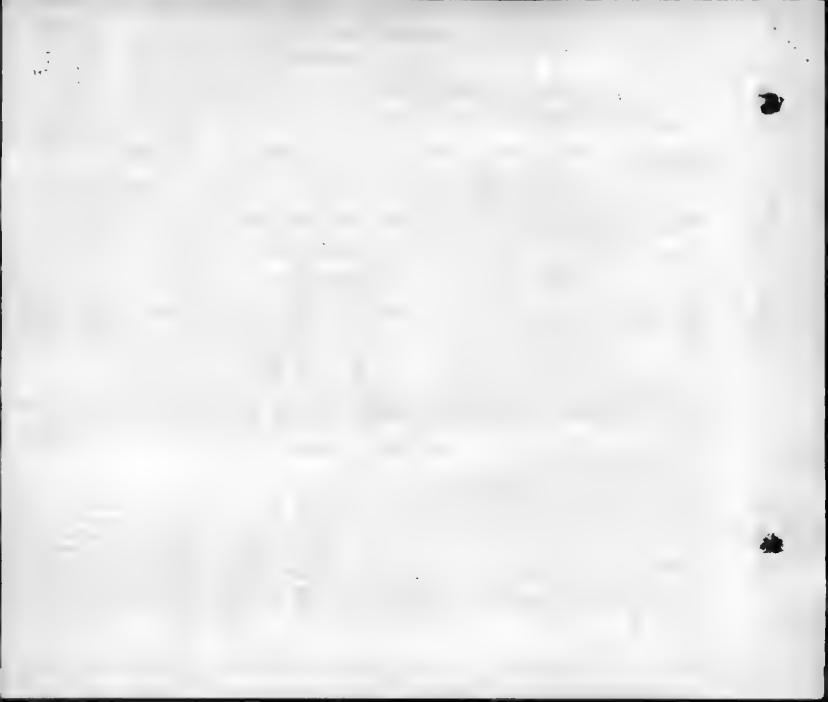
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	O COUNTY	PINCE C	SEARGE MARY	- 1 (	JSUAL RESIDENCE	E (Where deceased	b. COUNTY	Residence	before admission)
t	JURAL and give nea		write c. LENGTH OF STAY	IN 16	CITY OR TOWN	1 . 1.	role limits, write RUI	RAL and give	nearest town)
-	HNOREWS		6	X	WHSI	MINGTO.	N, 100	C.	
	OF AF	OSPITAL,	ANDREWS	1/2	d. STREET ADDRE	26 th	AVENUE	5,6	on a farm? YES NO
	NAME OF DECEASED (Type or print)	STEPhe	EN MARTI	V	lost 7055E	4. DATE OF DEATH	Month	MAFR	Doy Year 1858
	5. SEX Male		MARRIED NEVER MARRIE	- L.,	TE OF BIRTH	-4 10 50	lost birthday)	Months Do	
ŀ	100. USUAL OCCUPATION		<u> </u>		11. BIRTHPLACE	(Stote or foreign co	ountry)	12. CITIZE	N OF WHAT COUNTRY?
	NA	g life, even if retired)	106 KIND OF BUSINESS O		USAF HO.	SP ANDRE	**	0	15A
	I3. FATHER'S NAME	44	_	14	MOTHER'S MAII	DEN NAME			1./2
	JAMES	/ <sup>2</sup> /	(7055		MEI	EN	4.	2/4	WIERS
	IS. WAS DECEASED EVER	Her man of dotes of service		17. INFOR	r L ro	JAM	ES MADE	0550	NE
ŀ	In cause of oraș	/V PF	NA	July 1	MEK-	2846.	- 26 L A	ve -	D <sub>A</sub> C 1
1	PART I. DEATI	WAS CAUSED BY:	per line for (o), (b), and (c).	23 01	1 DSCINE.	-			INTERVAL BETWEEN ONSET AND DEATH
ı	*/	MMEDIATE CAUSE (o) DUE TO	O couasas	- 0-1	مرح کر روح		<del> </del>		
ı	Conditions, if on	blak A	Vas matur	ti					
1	gove rise to im	mediole ( Dus 70	1000000	700		-			
	couse (o), stating the lying couse lost.	(c)	Morepho	pea	ceutas	۷			
	PART II, OTHE	R SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1	o) 19 WAS AUTOPSY PERFORMED?
									YES NO
- 1	OR CONTRIBUTING E	UNDERLYING   200 CAUSE OF DEATH (EDICAL EXAMINER)	b. DESCRIBE HOW INJURY OF	CCURRED (En	ler noture of inju	iry in Port I or Part	II of item 18 }		
1	20c. TIME OF INJURY		20d INJURY OCCURRED	20e FLACE C	F INJURY (Home street, office bldg	, form, 20f. (City	or town)	(Cou	nty) (State)
1	D. m.		White Not white of work	,,	and annual mod	,,,			
1	21. I certify tha	t I attended the de	eceased from 18 Oct	1	, 1958 , to	18 00	19/8	that I las	t saw the deceased
1	alive on	- Oct	19 JS , and that	death occ	turred at $Z$	P.M. fron	n the causes an	d on the	date stated above.
1	ACTUAL M	1	6.00		116 n	1 ~ 1/	1 2 .	tate) /8 /	NAV 38 DATE SIGNED
4	SIGNATURE	www.p.	again	M D	477	1-11000	, nread	407	180673
	PHYSICIAN'S MAME (Type)	RVIN 5. EI	GER, CAPT, US.	AF.(MO)	ANDRE	WS AFE	RASE, LUA	15h. 2	75, D.C.
	220 BURTAL, CREMATION PEMOVAL (Specify)	226. DATE THEREOF	22c NAME OF CEME	. (		. 1 // .	ION (City, town, or	. 11	(Slote)
1	23. FUNERAL DIRECTOR'S	SIGNATURE	J8 / ADDRESS	18N 101	ATIONA.	REC'D BY REGIST	PAR 245 PEGIST	KAR'S SIGN	ATURE
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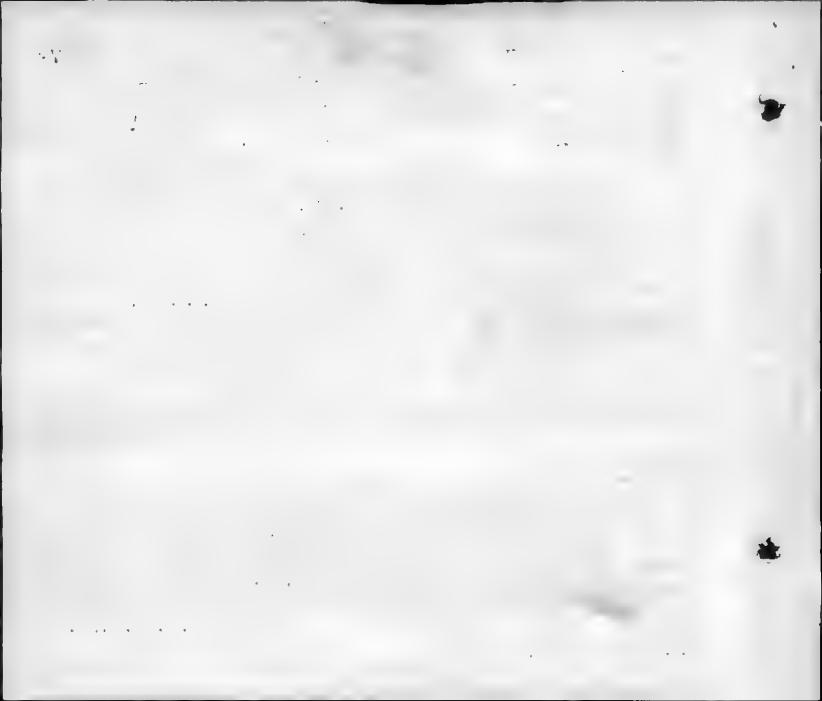
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	>	7		0
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I	nay be retained by the haspital or attending physician	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the Peral director.	ooga 3 should be. Cehed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with	T.

VS A15 (4) 15M 9/55

		MARY	LAND	STATE DEPAR	MTS	ENT OF H	EALT	H-BAI	TIMORE,	18		
		128	69	CERTIF	IC/	ATE OF [	EATI	4		Reg. Dis	1. No.2	831
1, P	LACE OF DEATH	nce Georges		MARYL	AND	o. STATE	ence (Wi		ed lived If institu b, COUNT	۲.	e before o	
Ь		(If outside corporate lim	its, write	c. LENGTH OF STAY IN	чъ	c. CITY OR	OWN (If a	outside corp	orote limits, write			
d	NAME OF HOR	PITAL (If not in hospital, s	give street	23 years		d STREET A				•		S RESIDENCE ON A FARM? ES NO TO
3. N	IAME OF DECEASED Type or print)	MOLLIE		Middle ELLEN		HALE	t	4. DATE OF DEATH		er 3r	Day	Yeor 19 58
5. SI	Female	6. COLOR OR RACE White	7. MARE	NEVER MARRIED  DIVORCED		8 DATE OF BIRT		368	9. AGE (In years lost birthdoy) 90 yrs			UNDER 24 HRS ours Min
H	ousewife	ION (Give kind of work orking life, even if relired	done 10b.	RIND OF BUSINESS OR	INDU	Virg	inia		country)	12. CITI.		VHAT COUNTRY
13. 1	Frank B	reoks				Miral						
. (Yes	No or unknown)	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		e Hale,	534 1	ebaum	St.S.E.	dress Wash.D	C	
1 CEX	Conditions, if gove rise to couse (o), storing tying cause los  PART II O  ZOG. ACCIDENT V  OR CONTRIBUTING (IF EITHER, NOTH)  ZOC. TIME OF INJI   THER SIGNIFICANT CON  WAS UNDERLYING   KG CAUSE OF DEATH YY MEDICAL EXAMINER)  JRY Month, Doy, Ye	20b DES	CRIBE HOW INJURY OCCURRED 2	CURRE		f injury in	Port I or Po	rt II of item 18 }		/C	MAS AUTOPSY PERFORMED? ES NO	
21. I certify that Lattended the deceased from 1 3 5 3 19 to olive on 10 5 3 19 19 19 19 19 19 19 19 19 19 19 19 19								M, fro	m the causes Street, city or town	and an th		DATE SIGNE 3/1958
B	BURIAL, CREMAN REMOVAL (Specif UT 18 ] FUNERAL DIRECTO		3	Cedar Hill			24m DEC	1.	and Rd. Pr	-		(Stote)
W	.W.Chamb	ers Company,	Was	hington, D.	C.		DATE V			un 2 th		



1				MAR	YLAND	STATE DEP	PARTM	ENT OF HEALT	H-BAL	TIMORE,	, 18	-1	2832
				12	870	CER	TIFICA	TE OF DEAT	H		Reg. D	adir-	40 <del>00</del>
irector ed with	M)	1,	PLACE OF DEATH	ince George	96	MA	ARYLAND	2. USUAL RESIDENCE (	Where decease	d lived. If insti b. COUN		nce before	admission) .
		-	b. CITY OR TOWN RURAL and give	l (If outside carporate nearest town)	limits, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (	f outside carpo		te RURAL and	give near	est town)
o for		<u> </u>		Dale (rura.					shingto	n	411	<u> </u>	
# # # # # # # # # # # # # # # # # # #	1:		OR INSTITUTION	Ν				d. STREET ADDRESS	OO Holm	ond Di	AT TAT	11-	IS RESIDENCE ON A FARM?
9 6		=	MANE OF	Glenn Dal			i				N <sub>*</sub> W <sub>*</sub>		YES NO I
filled i		L	NAME OF DECEASED (Type or print)		Magda.		-	Harris	4. DATE OF DEATH	1	Manth 1	27	19 58
o with			Female			Dara ted		gally 12	/22/22	100	y) Months		HOURS MIN
d comp n pape death.		10a	usual occupa during most of w Domestic	TION (Give kind of wa arking life, even if reti	ork dane 10b. ired)		or indus Dapk	North	te or foreign o	ountry) a		TIZEN OF	WHAT COUNTRY
on and ribon	- 1	13.	FATHER'S NAME		, 20			14. MOTHER'S MAIDEN	NAME				·
ician s oft	ı,	1	Louis Mo	Brid■				Phyllis	Potte	r			
physici physici pmove hours		15. (Yes	WAS DECEASEDE	VER IN U. S. ARMED I	FORCES? 16.	SOCIAL SECURITY	NO. 17. II	FORMANT		,	Address		
ng Ing			nknown			Inknown		Decedent					
endi endi ileos				EATH [Enter only one		ne for (o), (b), and	(c).]	0/	`			INTER	VAL BETWEEN
S at at			PART I. D	EATH WAS CAUSED E	E (a)	nyocas	bical	, Infacts	27	h		7	T AND DEATH
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ony in the			Canditions, if		(b)	KAT Q	Dese	Cara .				-	years.
require ion. In signe sit per		_	couse (a), statin lying couse los	it. DUE	(c)								
physical physical idea bee ideal-transfer novol, o		CERTIFICATION	PANTIL O	THERSIGNIFICANT C	CONDITIONS C	WHELL	loze	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION	GIVEN IN PAI		WAS AUTOPSY PERFORMED? YES NO 2
ending ficate t ficate t			20a. ACCIDENT A OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING DAYS OF DEAFY MEDICAL EXAMINE	20b. DES	CRIBE HOW INJURY	OCCURRED	). (Enter noture of injury i	n Port I or Por	t II of ilem 18.)			
HYSIC Il ar off his certi use os motion		MEDICAL	20c. TIME OF INJ Hour a. s	1.	Year 20d, II While at war	NJURY OCCURRED  Not while  at work	20e. PLA fac	CE OF INJURY (Hame, fo tary, street, office bldg., o	rm, 20f. (City	or town)	(	(County)	(Stole)
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h F F I			alive on	11/26	19 5			occurred at 3:20	) AM from	n the cause	s and on t	ha date	w title decease
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retoine RAL DIS Should	- 8		PHYSICIAN'S NAME (Typo)	Moe Wei	ss, M.	D.			ann Dalo				7
moy be poge 3 the regit			BURIAL, CREMAT	ION, 226. DATE THE	REOF	22c. NAME OF C	EMETERY OF		22d. LOCA	TION (City, tow	rn, or county)	Trlo	sh.D.C
VS A15 (4)		_	FUNERAL DIRECTO	OR'S SIGNATURE	1	ADDRESS HS 19	ga . /		C'D BY REGIST		EGISTRAR'S SI	GNATURE	
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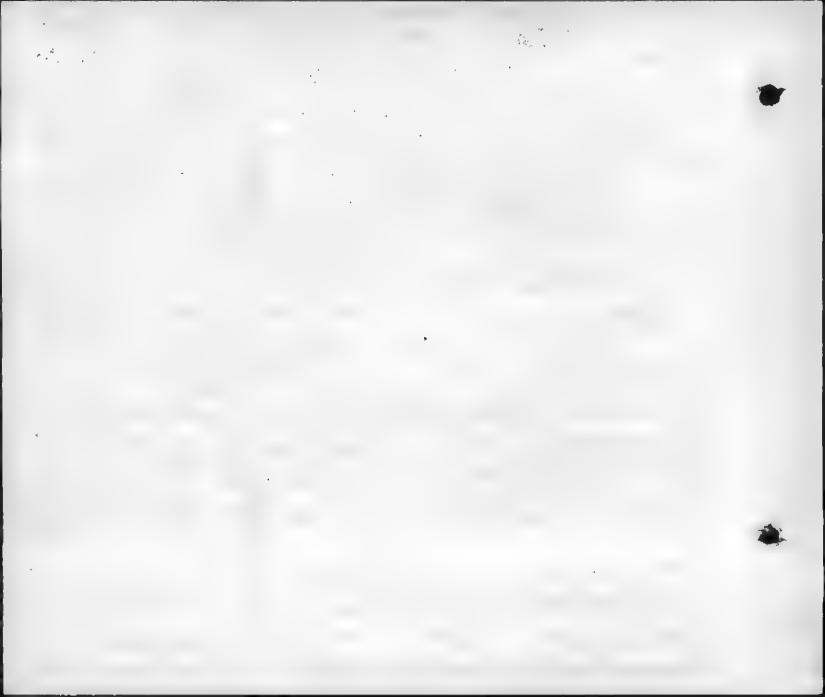


12827 **CERTIFICATE OF DEATH** Rea. Dist. No director. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY **b.** CQUNTY MARYLAND Princ<del>a</del> George arvland Prince George b. CITY OR TOWN (If autside corporale limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lawn) days Hvattsville d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IT Prince George General 11/13 Oliver St. 3. NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH Carl Bennett Hatcher Nove 39 58 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9 AGE (In years last birthdayl Months Hours DIVORCED T WIDOWED | 66 Mal e White yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Peoples Drug Stores Washington, D.C. Shipping Clerk USA puo after 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Bennett Hatcher Mary Harriet Adams 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Addrewniversity Park, Md. Carl B. Hatcher, Jr. 6312 Baltimore Ave. No None 577-05-5**3**00 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Luxer **DUE TO** Conditions, if ony, which (b) gove rise to immediate DUF TO couse (a), sloting the underlying cause last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES P NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (Stole) foctory, street, office bldg., etc.) o. m. White Not while at work of wark 21. I certify that I attended the deceased fram. 14 that I last saw the deceased and that death occurred at 9  ${\cal P}_{\cal M}$ , from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURI shauld PHYSICIAN'S NAME (Type) Rergaman FUNER/ BUR AL, CREMATION, 22b. DATE THEREO! 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) St. Josephis Church Cemetery, Ammendale, Pr. Geo. Co., Md. Nov.28th Buria. 01 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Thous VS A15 (4) 5801 NOV 2 8 '58 15M 10/57



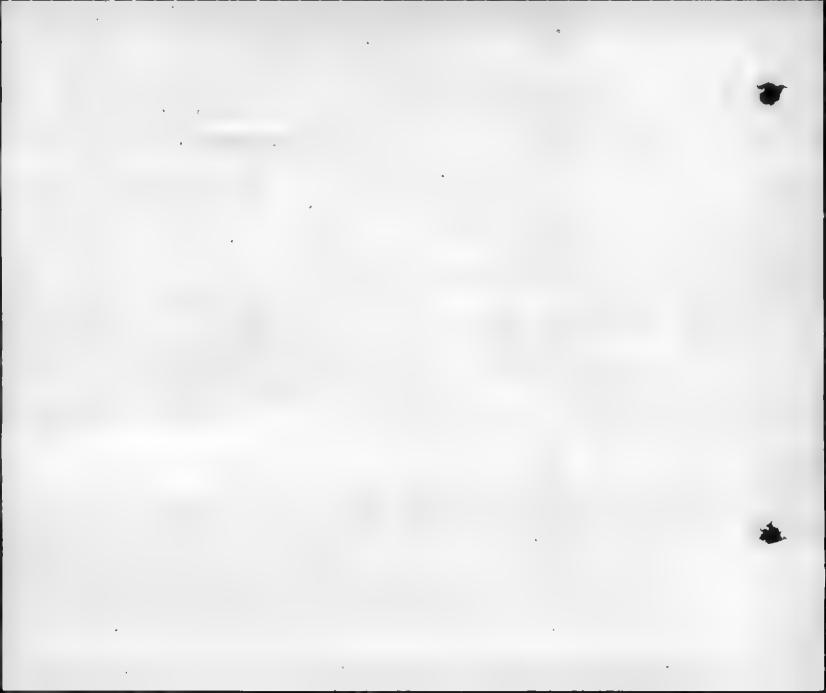
death.

HOSPITAL



12829 CERTIFICATE OF DEATH Rea. Dist. No. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges Maryland Montgomery b CITY OR TOWN (if outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparole limits, write RURAL and give nearest town) RURAL and give nearest town) Burtonsville d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO W Prince Georges General Hospital NAME OF Middle 4. DATE East Yeor DECEASED DEATH (Type or print) 19 58 Hild -Hill-November 9. AGE (In years fast birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS campletely Months Dovs Hours WIDOWED [7] DIVORCED [ papers. YES Mhite 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)
Meat Supply Meat Hungary pup United States carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician Not Available John Hild remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Hild. address same Frances 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO SEATH AND NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE AOW INDERY OCCURRED, tenter nature of injury in Port 1 or Port II of item 18.1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Slote) factory, street, affice bldg , etc.) Hour o. m. While Not while of wark of work 21. I certify that I attended the deceased from 10/21/58, 19\_\_\_\_that I last saw the deceased and that death accurred at 12:50AM, from the causes and an the date stated above. ACTUAL NAME (Type) 220. BURIAL CREMATION. 22d LOCATION (City town, or county) (Stote) 0 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) Cinthun & Kraus 15M 10/57

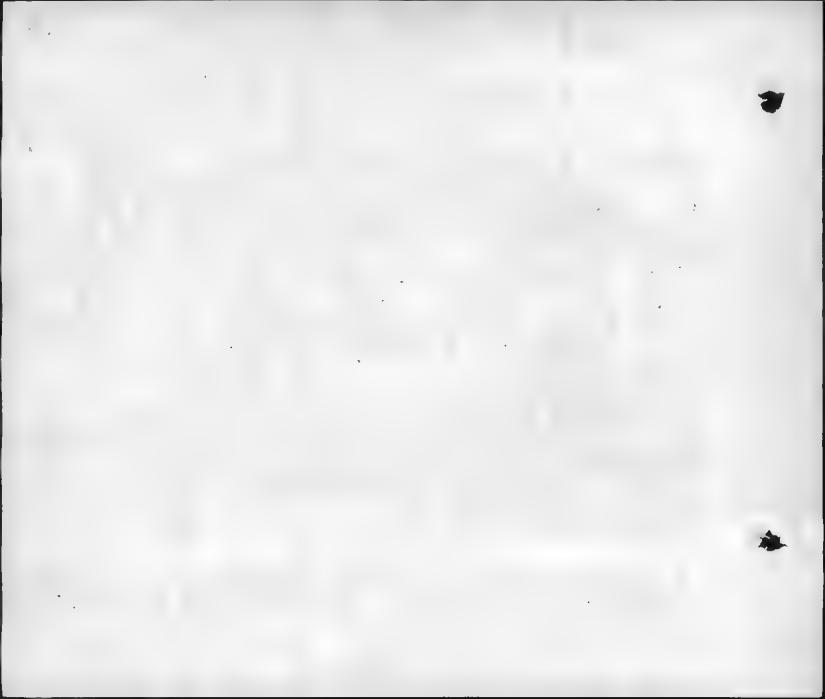


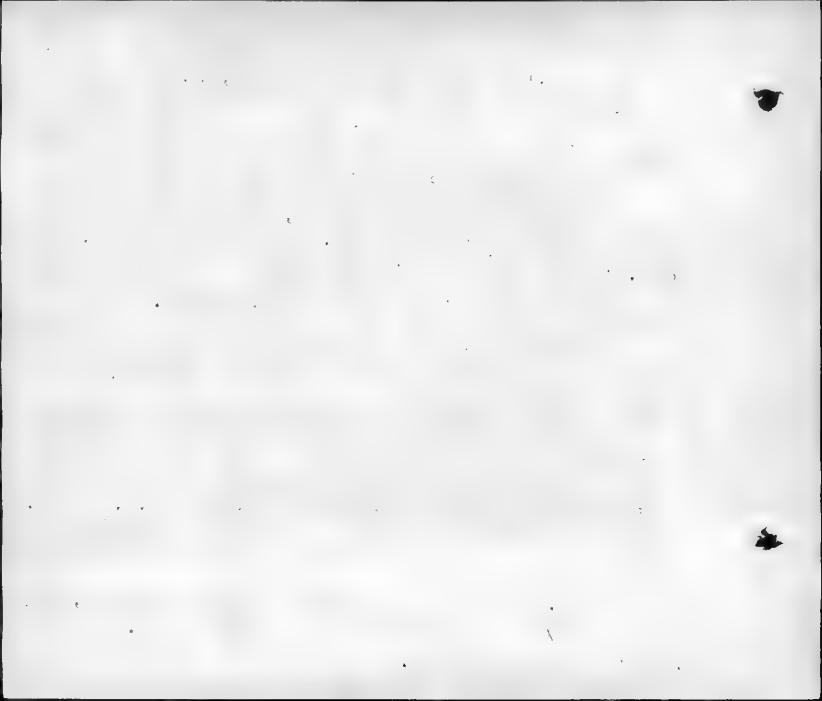


### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12830 Reg. Dist. No. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY . 6 COUNTY MARKET AND b CITY OR TOWN c. CITY OR TOWN (If augrica corporale limits, write RURAL and give nearest lawn) C. LENGTH OF STAY IN 16 IU PESIDEN CT ON A FARM? YES NO DATE DECEASED OF (Type or print) 9. AGE (In year) 5 SEX IFUNDER TYEAR IF UNDER 24 HRS Months WIDOWED DIVOREED 10a. USUAL OCCUPATION (Give kind of work done 10b (IN) OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHERIS NAME 16. SOCIAL SECURITY NO. 17. INFORMAN Ms. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stole) factory, street, office bldg., etc.) Not white 0. m of work of work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection . Inquiry X and in my opinion death resulted from: Natural causes X. Accident . Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE NAME [Type] DEPUTY MEDICAL EXAMINER FOR 22d LOCATION (City, town, or county) (State) lington Nat Cemetery 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY MARYLAND b. CITY OR TOWN (If outside carporate firm c. CITY OPTOWN (If outside corporate limits, write NURAL and give nearlist town) >0 d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) ON A FARM NAME OF Middle DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED fort birthday) WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN ARMED FORCES? 16 SOCIAL 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSEL AND BEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), staling the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110119, WAS AUTOPS PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort I or Part H of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, threel, office bldg , etc.) Hour o. m. Not while at work at work 21. I certify that I took charge of the remains described above, held on Autopsy V. opinion death resulted from: Notural couses 1/ Accident | 1. Suicide . Homicide . Undetermined manner ACTUAL BATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER IT 220 BURIAL CREMATION, 22c NAME OF COMETERY OR CREMATORY 22d LOCATION (C IV REMOVAL (Specify) 740 REC'D BY REGISTRAR 246, REGISTRAR S SCNATURE VS. AISME 5M 2, 57





# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi is tlem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwar at to the Chief Medical Examiner's Office along with farm PM3. Tage 5 may be retained for your first. TO FUNERAL DIRECT APPAGE 3 should be used as a burial-stransil permit. File pages 1 and 2 with the State Boord of hith, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2 57

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1283	1 MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

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00	Dist	1	6	0	*	ħ	8

	7, P	1, PLACE OF DEATH)	AL RESIDENCE (Where deceased liyed. If institution: Residence before admission)
	٥	a. COUNTY MARYLAND 05	TATE Maryland & COUNTY Pr. Sept
	Ь.	b. CITY OR TOWN IN out de carparole lungs were RUSA . C. LENGTH OF STAY IN 16 C. C.	ITY OR TOWN (If by side carporate limity) write RURAL and give hearest lown)
		Cheverly	Colen Dale
. ,	d	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. S	I S RE IUL. E
1	-0.	muce georges Sen Hosp	1 Collier Twenne 185 NO
	E	3. NAME OF DECEASED Middle	Last Date Manth Day Year
		(Type or print) Vibbert Laft Liv	W JN DEATH 11 - 10 1958
	5. 5	5. SEX 6 COLOR OR RACE 7. MARRIED WEVER MARRIED B. DATE O	F BIRTH 9. AGE (In years   IF UNDER 14 FAR   IF UNDER 24 HFS
	V	Wall- While WIDOWED DIVORCED 1/2	·30-33 24 m
	100 eg	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 E educing most of working life, even if retired)	IRTHPLACE (State or foreign country)
	Y	Methanic Ele-generalors	(Varyland 1 7.5 Ci-
	13	13 SATHER S NAME	THER'S MAIDEN NAMED . 1 1+ 0
	11	13. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 177 INFORMA	ances anyabeth Smith
	Lynn 13.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMA (17 and ac unknown)   Ill ras give war or dolar of service)   11   12   13   14   15   15   16   17   17   18   17   18   18   18   18	NT Address
		1954-31 1014-30 214 5 UBW	na from revell - samuadous
	- (	TR. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ]  PART I. DEATH WAS CAUSED BY:	PART BANGTON TILLIO
		SO 3 X IMMEDIATE CAUSE (a)	FONDER
V-		Ode of DUE 10	-41 00
		Conditions, if ony, which (b) Accuse (b)	since
		(a), stoling the underlying DUETO	
	Z	[Parameter   Parameter   Param	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
-	CERTIFICATION		PERFORMED?
	TIFIC	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter notu	
	CER	E PRIMARY DO CONTRIBUTING   Greater han automo	the mi collision with a tree.
	MEDICAL	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY SCCURRED 20c. PLACE OF IN	JURY (Home, form, 120f. (City or town) (County) (State)
	MED	Hour Ame 1/- 10 - 1957 of work of work of work of While	normy Reverdale - Pr. Sea - Wed-
		21. I certify that I took charge of the remains described above, he	d an Autapsy . Inspection . Inquiry . ond in my
į		opinion death resulted from: Natural couses	vicide , Hamicide , Undetermined manner
		1 1 - 031 1	
		SIGNATURE SOLDS VIGLENCY M.D.	HIEF MEDICAL EXAMINER []
		EXAMINER	SSISTANT MEDICAL EXAMINER
		NAME (TYPH) UDIN I. MALONEY, M.D.	DEPUTY MEDICAL EXAMINER 2
	220	270 BURIAL CREMATION 22b, DATE THEREOF 22c, NAME OF CENETERY OR CREMATI	(1)
	lynnian .	Burial Nov 14, 1958 Fort Lincoln Cem	
	23		240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
		Gasch's Sons Hyattsville Maryland.	DATRIOV 1 4 58 C. Then P. Krauk



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where degeased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY ORYOWN c. LENGTHLOF STAY IN 16 CITY OF TOWN (IF of de carporate limits, write RORAL and give nearest town) director for your d NAME OF HOSPITAL-OR INSTITUTION (If not in hospital, give street address) NAME OF d date DATE DECEASED {Type or print} DEATH 5 SEX 6. COLOS OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER THE ART IF UNDER 24 HES Months WIDOWED | DIVORCED [ 100 D 100. USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even of retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in vivy in Part I or Fort II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or town) factory, street, office bldg., etc.) Hour o.m. Not while ot work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy ... Inspection opinion death resulted fram: Natural causes V Accident ... Suicide . Hamicide . Undetermined manner ACTUAL fary CHIEF MEDICAL EXAMINER SIGNATURE AL should FUNERA

9

NAME (Type)

REMOYAL (Specify)

220. BURIAL, CREMATION, 226 DATE THEREOF

(County)

e IS RE ID'N F ON A FARM? YES NO T

Year

Hours

INTERVAL BETWEE 4

PERFORMED?

(State)

and in my

DATE SIGNED

19 57

22d. LOCATION (City, town, or county)

DEPUTY MEDICAL EXAMINER 1991

(State)

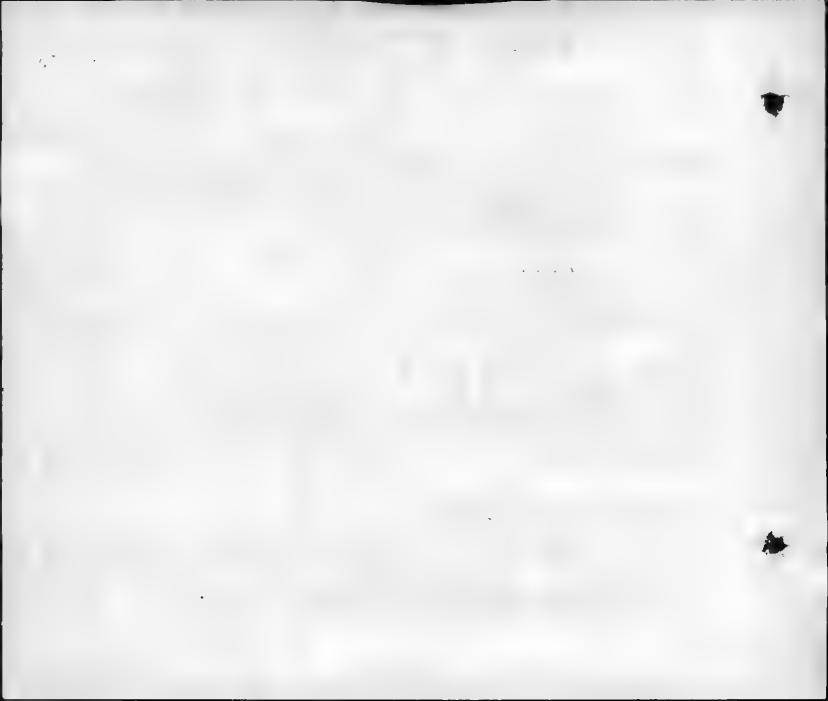
240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR DATE NOV



VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8

128	874	CERTI	FICA	TE OF DI	HTA			Reg. Dis	t. No.	128	14%
1. PLACE OF DEATH o. COUNTY		MARYI	AND	2. USUAL RESIDE	•	e deceased	bCOUNTY	,	e before	e admiss	sion)
Prince Georges  b CITY OR TOWN (If outside corporate	limits write	c LENGTH OF STAY I		Virgini		side corner	Fairi Die limits, write Ri		ive near	mst fower	1
RURAL and give nearest town)	10,1110, 43110	L LINGIN OI SIN I	1	Falls C			pe (mm), with K	OKING GIRD &	, n	") J"	·3
d. NAME OF HOSPITAL (If not in hospit	ol nive street	address)		d STREET ADS					6 ~	HE DES	IDENCE
USAF Mos ital Andre				206 Che		r				ON A	FARM?
3. NAME OF DECEASED	First	Middle		Lost	1	4. DATE	Mon	th	Doy		Yeor
(Type or print) John	ח	A		Klonowsk	i	DEATH	Novemb	er	7		19 58
5 SEX 6. COLOR OR RA	CE 7 MARR	IED NEVER MARRIE	ا 🗆 ۰	DATE OF BIRTH		1	O. AGE (In years lost b rthday)	IF UNDER Months			
Male Cauc	WIDOWE	T-mail		3 Mar 85			73 yrs.	Months	Doys	Hours	Min.
10a USUAL OCCUPATION (Give kind of w during most of working life, even if ret	rork done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLAC	CE (Stale or	foreign co	untry)	12 CIT	ZEN OF	WHAT	COUNTRY
Restaurant Owner	R	etired		Minne	sota			US	A		
13. FATHER'S NAME				14 MOTHER'S M	AIDEN NA	WE					
Lukey	und				puki	round					
IS. WAS DECEASED EVER IN U. S. ARMED [Yes. no or unknown]   [If yes, give war or date		SOCIAL SECURITY NO	17, IP	IFORMANT			Add	011			
No		71 10 5105	S	on	206	Cher	yl Dr Fa	lls C	hur	ch,	Va
18. CAUSE OF DEATH [Enter only or	ne couse per lin	e for (a), (b), and (c).)				***************************************			INTE	RVAL BE	TWEEN
PART 1 DEATH WAS CAUSED IMMEDIATE CAUSED	BY: Pul	monary Embo	olus	- Cardia	Arry	thmia			ONS	TAND	DEATH
	E TO										
Conditions, if any, which } Thrombophlebitis					4	Day	S				
gave rise to immediate	gove rise to immediate										
lying couse last.	(c)										
PART II OTHER SIGNIFICANT OF THE PART II OTHER SIGNIFICANT OF THE PART IN OTHER SIGNIFICANT OF THE		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19	PERFO	AUTOPSY ORMED?
	20b. DESC ATH (ER)	TRIBE HOW INJURY OF	CURREC	Enter noture of i	njury in Po	erl I or Port	11 of item 18 )				
Hour o.m.	Year 20d, 18 While 19 at worl	Not while		CE OF INJURY (Ho lory, street, office b		20f (City	or town)	(0	lounty)		(State)
21. I certify that I attended			ctob	er . 19 58.	to 7 N	i Novemb	er. 19.58	that I I	ast sa	w the	deceased
alive an 7 November		58, and that									
0 01	1 1 -	11.			Al	DORESS IStr	eel, city or town.	stole)		D/	ATE SIGNED
ACTUAL Reguld	P M	Man	1	USAF H	los it	tal An	drews, A	ndrew	s Al	FB 7	Nov 5
PHYSICIAN'S REGINALL I	MOMANU	S CA.T USAI	F (M	C) <u>Washin</u>	iton	25, D	. C.				
00						224 1000 171	ON (City Jown, o				le)
220 SURIAL, CREMATION, 226 DATE THE		22c. NAME OF CEME				11/	NONA	or county)	VES	(Stot	9
REMOVAL (Specify) WOV. 10  23. FUNERAL DIRECTOR'S SIGNATURE	0.00	1.1	ON A			BY REGISTR	NONA	STRAR'S SIC	YES GNATUR	OTA	7





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR The this certificate has been signed by the attending physician and campletely filled in by the function, page 3 should be defeated by the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be deviated by the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	12876 CERTIFICATE OF DEATH  Reg. Dist. No. 12844
1	1. PLACE OF DEATH O. COUNTY Prence Storge MARYLAND  2 USUAL RESIDENCE (Where deceased lived H institution: Residence before admission) b. COUNTY Prence Storge MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  3240.  Clinton
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
	3 NAME OF DECEASED (Type or print) I RENE E HAZL FANICR DEATH NOV 18 195
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH FEMALE WINTE WIDOWED DIVORCED 19. AGE (In years lost birthday) Months Days Hours Min.
	100 JSLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. A.  45. A.
	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  17. INFORMANT  18. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO  17. INFORMANT  18. WAS DECEASED EVER IN U. S. ARMED FORCES?
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) CECULE & COMMUNICATION ONSET AND DEATH  ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost  DUE TO  DUE T
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 20  ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CAUSE OF DEATH  O
	20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour o. m. 19 20d INJURY OCCURRED While of work of work of work 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 11 and 11 15 1956, to 76 and 1956, that I lost saw the decease olive an 11 and 1
,	PHYSICIAN'S PAUCE LAN MATER LL 2 Showing Cold 28 he
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
*	23. FONERAL DIRECTOR'S SIGNATURE  Semmons Pres 1661-Cord Hope PC 5 = 249, REGISTRAR 246 REGISTRAR'S SIGNATURE  DATE  DATE  240 REGISTRAR'S SIGNATURE  DATE



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND

c. LENGTH OF STAY IN 16

**CERTIFICATE OF DEATH** 

e IS RESIDENCE

ON A FARM?

YES NO [

1958

Rea. Dist. No.

Prince Georges

Doy

2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission)

c. CITY OR TOWN (If aulside corporale limits, write RURAL and give negrest tawn)

Maryl and

b COUNTY

(	K

1. PLACE OF DEATH

a COUNTY Prince Georges

RURAL and give nearest town)

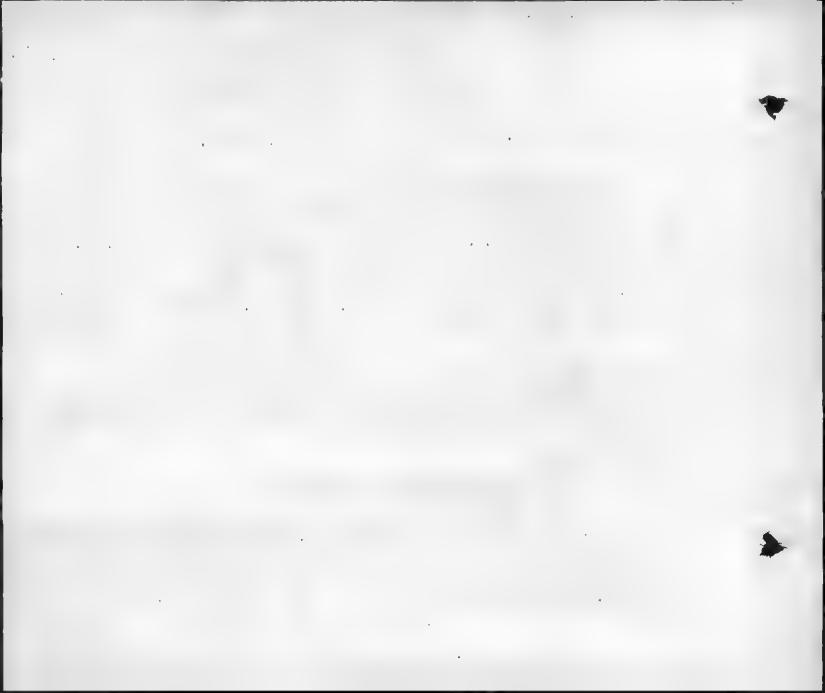
b CITY OR TOWN (If outside corporate limits, write

cample papers. 8 DIRECT should

Cheverly Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Taylor St. Prince Georges General Hospital NAME OF Middle Lost 4. DATE Month DECEASED Laughlin DEATH Nov (Type or print) James 6 COLOR OR RACE 7 MARRIED A NEVER MARRIED 5 SEX 9. AGE (In years B. DATE OF BIRTH 7/15/1890 DIVORCED [ White WIDOWED [ Male 10a. USUA. OCCUPATION (Give kind of wark done during most of warking life, even if retired)

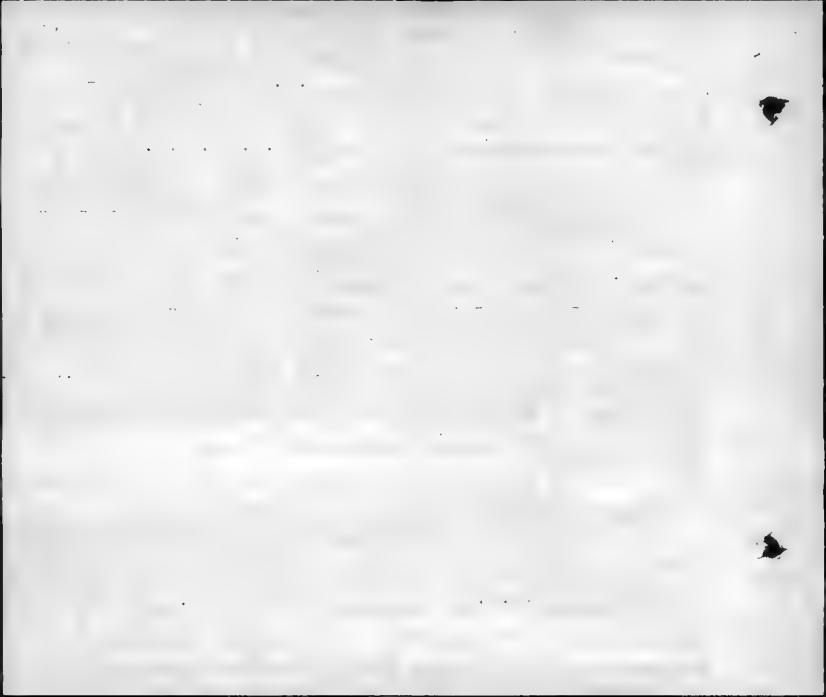
10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) arbon frer Retired D. C. FI REMAN WINONA.ILLINOIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emove care haurs afte JAMES LAUGHLIN ANNA LAUGHLIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WIFE) MRS. CECELT A 18. CAUSE OF DEATH [Enter only one cause per line for (a)? (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave fise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT U CERTIFI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED factory, street, affice bldg . etc.) 0. m Not while at work 🔲 of work 🔲 21. I certify that I attended the deceased from November 16., 19.58, to November 16 19.58, that I last saw the deceased .\_\_\_, 12\_58\_\_, and that death occurred at 6.004\_M, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] Jeanne C Rateman FUNER, 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) NOV, 18 CEDAR 0 23. FUNERAL DIRECTOR'S SIGNATURE WASh 24a. REC'D BY REGISTRAR VS A15 (4) 15M 10/57

IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Doys yes 12 CITIZEN OF WHAT COUNTRY? II. S. A. AddreRIVERDALE, MD. LAUGHLIN 5321-TAYLOR ROAD INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO | (County) (State) 22d LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE



12877 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution- Residence before admission) a. COUNTY g. STATE **b. COUNTY** MARYLAND Prince Georges b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glenn Dale (rural Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Glenn Dale Hospital NAME OF Middle 4. DATE Year DECEASED OF DEATH (Type or print) ك 10 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours WIDOWED [ DIVORCED (Z) Yfs 10c. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Needles Dry Cleaners Spotter USA 13. FATHER'S NAME John H. Lewis Eliza Williams mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Unknown 578**–1**8**–3**560 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary hemorrhage 15 minutes 2 X DUE TO Pulmonary tuberculosis, far advanced Canditians, if any, which ] 6 mos. gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Diabetes mellitus 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. n. While Not while at work p. m. at work 🔲 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 2:15 A.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATUR Glenn Dale Hospital PHYSICIAN'S NAME (Type) Moe Weiss Glenn Dale, Md. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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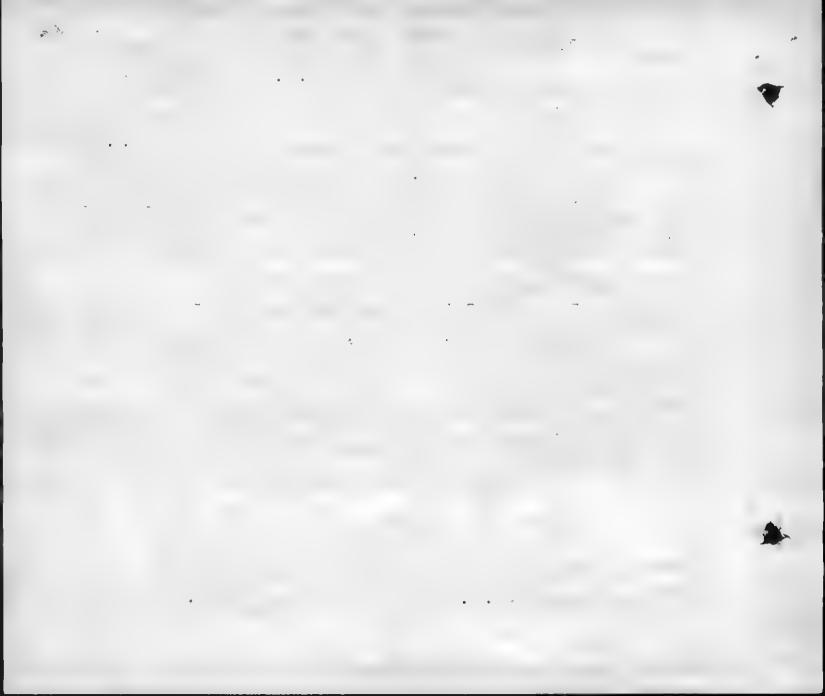


corbompapers. of jer death.

HOSPITAL

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VS A15 (4) 15M 9/55



4/1	74	F	ilm 236 Item 18 12-1-38 ams
D	9		12879 Item 9 FILER FILE OF DEATH Reg. Dist. No. 12845
oge ector	, W	1.	PLACE OF DEATH  o. COUNTY  D. COU
der der	(I)	1_	PRINCE GEORGES MARTLAND MARYLAND TRINCE GEORGES
deot			RURAL-and give neorest lown)
he fu		.  -	d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS / le IS RESIDENCE
by t	- '	L	2012 HAYDEN KOAD YES NO
24 he led in s 1 on		3	NAME OF DECEASED (1990 or print) MRRY MI. MRHANE & DATE OF THE OF THE NORTH NORTH 19 19 50
thin ly fill Page		S	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 6 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
d wi			FEMALE WILLIAM WIDOWED DIVORCED 12-26-11 46 HTTYS Months Doys Hours Min.
com	Ė	10	a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY?
and and ban	5	13	FATHER'S NAME
ate b ician e car	5		JEREMIAH MAHANEY MARY SHEEHY
phys	-	15	WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Questale Address
The second			No 578-09-2038 Mrs Mary Makaney 2012 Hayden Rd.
deo deo deo deo deo deo deo de deo de deo de deo de deo de			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
the c	E		IMMEDIATE CAUSE (o) THE COLLEGE AT MECHANICS
tho			Conditions, if ony, which ) Probably Carcinoma Right Breast 7 years
gned			gove rise to immediate couse (o), stating the under-
cian,	5	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY
hysing by	,	CATIC	PERFORMED? YES NO
Sing Sing Ste h	Ď	CERTIFIC	20th ACCIDENT WAS HINDERLYING TO 20th DESCRIPE HOW INJURY OCCURRED (Settle active of laying in Bod Loc
CIA!	5 €`	CALCE	On The Control of the
HYSI or o is cer		MEDIC	Hour o. m. While Not while factory, street, affice bidg., etc.)
Pipital for for	ē J	2	21. I certify that I attended the deceased from ULIA S., 19.5%, to 9454 19., 19.5%, that I last saw the deceased
NO h			alive an, 19_5 and that death occurred at 1 1 121.M, from the causes and on the date stated above.
det det	2		ADDRESS (Street, city or fown, state) DATE STGNED
OR /	5 /		SIGNATURE 11. VASL RINSGESCE MO. 29 GRANT CIR., NW. Wash 11, 20,
reloii RAL C shouls			PHYSICIAN'S M. VAN KINSBERGEN
HOSP Dy be UNE	ביים מ	22	BURIAL, CREMATION, 226. DATE THEREOF 27C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City 1944) or county) (Stole)
5 5 5 g		23	JUNAL 11-22-58 MT alline Commilled Washing on Reto.
V\$ A15 (4) 15= 10/57			Maneis Halling 3821-14th Stew Washelfoure NOV 2 0 '58 C' 19 8 Kings
			A Costa



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

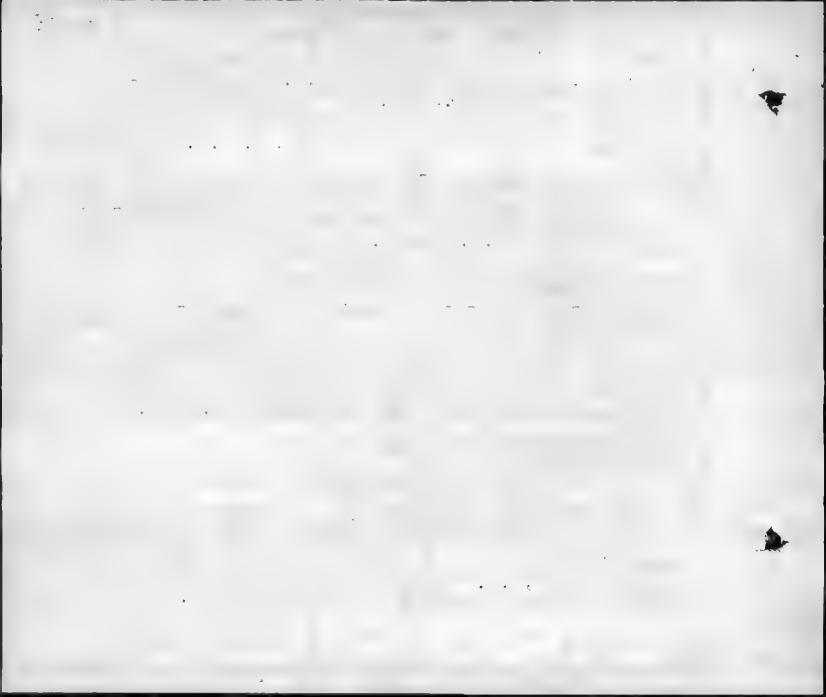
**CERTIFICATE OF DEATH** 

Curtiner S. Frank

NOV 2 6 '58

12880 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2 mos. Glenn Dale (rural) Washington d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION 55 S. St., N. W. Glenn Dale Hospital YES NO TO NAME OF First Middle 4. DATE Day Year DECEASED Alton Marable 58 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours 62 WIDOWED | DIVORCED [ Male Negro yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer Wm. E. Cramer Co. North Carolina USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Antwine Marable Siller Berg IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17 INFORMANT Address 226-12-6401 Decedent 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)\_ Pneumonia. bilateral. etiology undetermined 3 days Ullacx DUE TO Conditions, if any, which ] Bronchopleural fistula, right lung gave rise to immediate and resection of superior Right upper lobectomy/segment of right lower lobe **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Pulmonary tuberculosis YES 🗍 NO 😿 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) Hour a. et. While Not while at work at work p. m. 11/23 ..... 1958 that I last saw the deceased 21. I cortify that I attended the deceased from..... \_\_\_\_, and that death occurred at 10:15 A.M., from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Glenn Dale Hospital Moe Weiss, M. D. PHYSICIAN'S NAME (Type) Glenn Dale. 220. BURIAL CREMATIONS, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Muirkirk, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR

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1 1	W.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1	12881 CERTIFICATE OF DEATH Reg. Dist. No. 12850
director iled witl	(T)	1. PLACE OF DEATH O. COUNTY FRINCE GEORGE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O STATE  1. OF DEATH O. COUNTY FRINCE GEORGE O STATE  1. OF D. COUNTS COUNT
7		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)  RUBAL and give nearest town)  ALC  NASHING TON  4
3 2 shou	,	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  ON A FARM?  YES   NO EX
es I on		3. NAME OF DECEASED (Type or print) EDWARD L. Middle COLLUM SEATH NOV. 1 19 58
rs. Pag		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  WIDOWED DIVORCED DIVORCE
n pope		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole of foreign country)  MACHINE OPCICATOR SUPPLY  N. CAIRO LINA  U.S. CITIZEN OF WHAT COUNTRY  N. CAIRO LINA  U.S. CITIZEN OF WHAT COUNTRY
	5	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  LUCY BOYDS
e remov		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (1'on. no. or upknown) [If yex, gives wor or dottes of service) 239-14-408/ DECEASED
hen pleose re		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  MC-7A ST A SIS 7D R7;  PLG-ORA-  INTERVAL BETWEEN  ONSET AND DEATH  B MO-7A ST A SIS 7D R7;  PLG-ORA-
rmit. T	5	Conditions, if any, which
insit pe		couse (a), stoting the under:   lying couse last.
Trioning.	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PULM TUBERCULOSIS ACTIVIC, CXTENT UNDET.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
	5	
of other		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. js.  p. m. 19 Of work of work 1 of work
or back		21. I certify that I attended the deceased from 1951, ta 1// 1950, that I last saw the decease alive an 1, 1950, and that death occurred at 7.00 M, from the causes and an the date stated above
or o	2	ACTUAL SIGNATURE M.D. GENN DALE HOSP 11/2/55
Successive	5	PHYSICIAN'S MOE WETSS M.D. GLENN DALE, MARY CAND
page of		220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Slote)
(4) (5		23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE NOV 5 '58 Calling & Florida



## **CERTIFICATE OF DEATH** 12834 Page 1, PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived - If institution. Residence before admiss on) o. STATE George MARYLAND Maryland Prince Prince George death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Landover Hills Cheverly days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS 4206 72nd Ave. Prince George General NAME OF First 4. DATE Middle Lost DECEASED Raymand DEATH (Type or print) Mealv 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthdoy) WIDOWED [7] DIVORCED [7] 1901 pers. 18 White male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life reven if retired death. ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT altending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] à PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Carcinomatosis DUE TO à Carcinoma of the body and tail of the pancreas any Conditions, if ony, which gned gove rise to immediate per **DUE TO** couse (o), sloting the under lying couse last. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) a. m. While Not while ot work of work 21. I certify that I attended the deceased from and that death accurred at 120 M, from the causes and on the date stated above. deta DIRECTOR ACTUAL þ prior SIGNATURE FUNERAL DIR PHYSICIAN'S NAME (Type) Bergman 220. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) he 0

23. FUNERAL DIRECTOR'S SIGNATURE

26 12 26 623

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES TO NO IX

19

IF UNDER TYEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

months

6 months

(County)

246 REGISTRAR'S SIGNATURE

that I last saw the deceased

(Stote)

PERFORMED? YES NO

(Stote)

58

Reg. Dist. No.

Month

YES

Address

24a. REC'D BY REGISTRAR

DATE 'OV 1

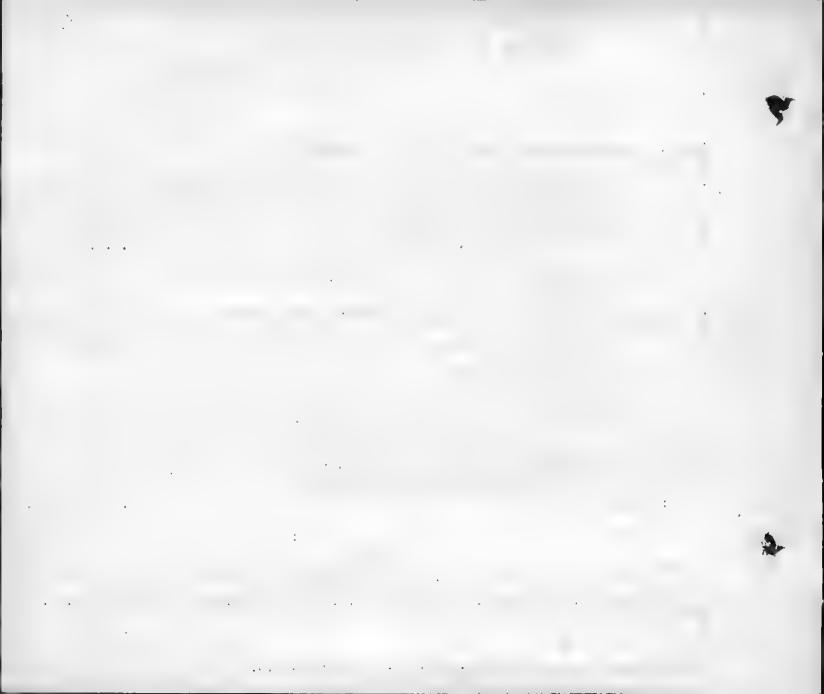
November

Months



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2882 ta noti 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission Hospit e COUNTY o. STATE **b. COUNTY** MARYLAND Prince George Georgia Se b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Oxon Run Cove Ocilla d. NAME OF HOSPITAL (If not in hospital, give street address) 82 d. STREET ADDRESS IS RESIDENCE Ä OR INSTITUTION Govt. leased waters off Oxon Run Cove Route #1 YES NO ю remain Middle 4. DATE Lost Month Yeor DECEASED O (Type or print) DEATH 1958 Warren MERRITTE November Tevi 0 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED IN NEVER MARRIED IT 8. DATE OF BIRTH 9. AGE (In years 5 lost birthday) Months Days Hours White WIDOWED [ DIVORCED [ Male and 0 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 42 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Mariner U. S. Navy U.S.A. Georgia O A emai 8 Ü 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warren Henry MERRITI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO otif Anna Lucille unknown H 17. INFORMANT Address Yes Official Navy Records Korean on 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Asphyxiation Immediate Ø S exal DUE TO ы Spos (b) Drowning Conditions, if any, which 0 gove rise to immediate Ab W DUE TO couse (b), sloting the under-800 TO lying couse lost. and Œ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY Ō Columbi PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 57 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) puty do (IF EITHER NOTIFY MEDICAL EXAMINER) While making routine training dive, failed to surface AEDICAL aut 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 당 factory, street, office bldg., etc.) Not while of work 😿 of work Potomac River Oxon Run Cove Pr. George ct 19 58 to November 5 19 58 that I last saw the deceased Ö 21. I certify that I attended the deceased from November 5 0 4-1 glive on November and that death accurred at 10:27AM, from the causes and on the date stated above. 86 ADDRESS (Street, city or town, state) G CENDIZ STAD 20 DIRECT OF H b Deep Sea Diving School e P SIGNATURE Ē Ge should Q FUNERAL Ö the registro NAME [Type] Paul LINAWEAVER, LT. MC. USN U.S. Naval Gun Factory, Washington, D. C. one: Bethe 224 RUMIAS TO REMATION, REMOVAL (Specify) Buraal 22c NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d LOCATION (City, lown, or county) Cor Fitzgerald, N. Cceorgis 11-5-58 FUNERAL DIRECTOR'S **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 4748 Wisc. Ave., NW, Washingtons Adams Funeral Home.

1SM 10/57



# TO HOSPITAL OR ATTENDING PITTICEN. The low requires that the demit certificate III executed within III hours ofter death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be desired for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be desired, cremation, as remayal, and in any event within 72 hours after death.

8

9

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12835

# **CERTIFICATE OF DEATH**

Reg. Dist. No.12853

1. PLACE OF DEATH a COUNTY			MARYLANG	II A STATE	RESIDENCE (WI	here decease	d lived. If in		Residence	before admir	ision)
Prince	George			Mary	rland				ard		
8. CITY OR TOWN (I	f outside corporate limits earest town)	, Write	c. LENGTH OF STAY IN 11		OR TOWN (If a	outside corp	prote limits, w	rite RURA	AL and giv	e nearest law	m)
Laurel	,			a.	irel		1	3 X	- 4		
d NAME OF HOSPIT	'AL (If not in hospital, gi	ve street c	address)	d. STRE	ET ADDRESS					e, IS RE	SIDENCE
or institution	urel General	1 Hos	spital	Canana	ville	1.a S+	an st	Roz	517		A FARM?
3. NAME OF	First		Middle	13036	Lost	4. DATE	AL INVA	Month	111		
(Type or print)			migging		COST	OF.				Day	Yeor
	Berth			Merso		DEATH					1958
5. SEX	6. COLOR OR RACE	MARR	IED T NEVER MARRIED	8 DATE OF	IRTH		9. AGE (In y lost birthd			YEAR IF UND	
Female	White	WIDOWE	D DIVORCED	Feb.	7, 190	"3			Olinia, D	oys I nauts	min.
10a. USUAL OCCUPATIO	ON (Give kind of work de king life, even if retired)	one 10b.	KIND OF BUSINESS OR IN	OUSTRY 11 BIRT	HPLACE (State	ar foreign (	country)		12. CITIZ	EN OF WHA	T COUNTRY!
			Polor en a	,	£	3				115	1
13. FATHER'S NAME	owife		TALLES		<u>Marylan</u> ER'S MAIDEN N					<u>ر ر</u>	
					, ii o monogra i						
Nathan V	ashington	Mers	on		<u>ura Du</u>	stin					
TS. WAS DECEASED EVE	R IN U, S. ARMED FORC (If yes, give war or dates of ser		SOCIAL SECURITY NO. 17	, INFORMANT				Address			
No				Hosnit	al Reco	rds					
18 CAUSE OF DEA	TH [Enter only one cau	se per lin	e for (a), (b), and (c) ]							INTERVAL B	
PART I. DEA	TH WAS CAUSED BY	P.	1		. D.	A	1			ONSET AND	DEATH
17.	IMMEDIATE CAUSE (a)	-44	Lanena	119 1	nja		7				
	DUE TO	0	/\	D . V	V				i	11 am	outh
Conditions, if a		رمار	rdiac	fore	use	Bre	Oh-			44 10	
cause (a), stating		1		1	0.4						
lying cause last.	) (c).	des	several	el le	woll	sur	1				
PART II. OTH	IER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATE	TO THE TERM	INAL DISEAS	E CONDITION	I GIVEN	IN PART 1		
5											ORMED?
200. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCUR	RED (Enter notu	re of injury in	Part I or Pa	rt II of item 18	3.1		has	,
OR CONTRIBUTING	MEDICAL EXAMINER										
20c. TIME OF INJUR Hour a. m.	Y Month, Day, Year			PLACE OF INJUI factory, street, a	ty (Home, form	n. 20f (Cit	y or lawn)		(Co	unly)	(State)
p. m.	19	While of work	Nat white	tociory, street, o	mea mod", aic	"					
21 I continue the	at I attaceded the		ed from Octobe	n 37 10	1 - N	arrauh.	7 10	20 u		4 4	
olive onNr	rvemer /	., 19_5	$\mathbb{R}_{-,-}$ , and that dec	th occurred							
	alas I	_	, (			ADDRESS (S	itreet, city or t	lawn, stat	<b>(*)</b>	D	ATE SIGNED
SIGNATURE	of the fir	<u> </u>	andly	M.D. ,							
PHYSICIAN'S _											
NAME (Type)	dolo Pierna	drei	M.D. 305 Pr	ince Ge	orga St	reet.	maryla	and			
220 BURIAL, CREMATIO	N. 226. DATE THEREOS		22c. NAME OF CEMETERY				JION (City, to		nunty)	(Sto	tel
REMOVAL (Specify)	1/11/10/	5-5	Aug 15,1	1 6		A.	,-,,,,,	. /	/	7. 1	7'
23 FUNERAL DIRECTOR'	S SIGNATURE	0	ADDRESS	~ con	ne pre	D BY REGIS	TOAR	DECIMO	AR'S SIGN	ATURE	
11/2/11/17	111	1		1 %							
ver in	Manale	chr	naure	1 100	DATE ()	V 1 3 '5	8 (	Tollow	1 8. 10	rated	



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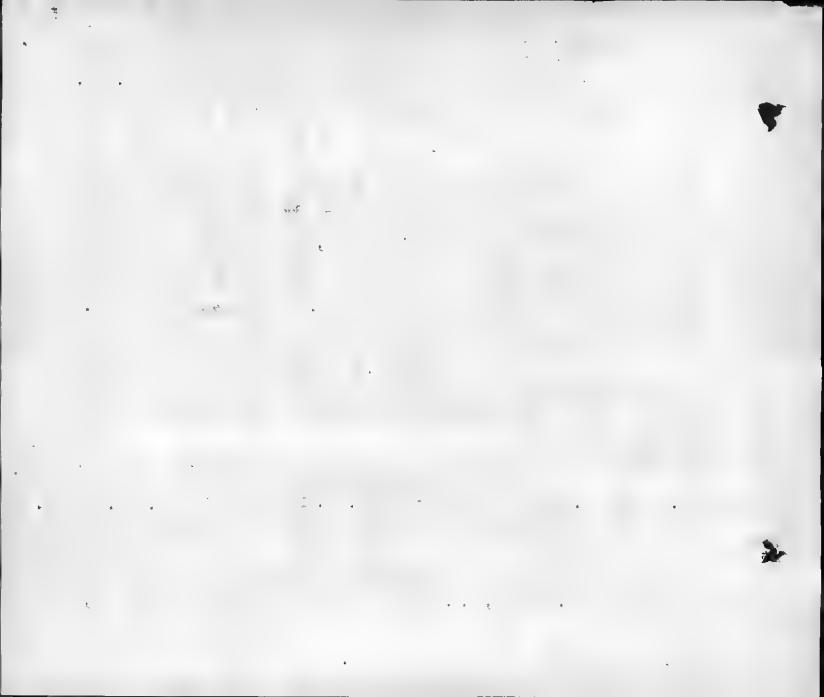
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VS ATSME 5M 2.157

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12836

Dist. No.	2	8	5	4
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	The second secon	~ ~ ~ ~							Mag. Dist. 110.	
	PLACE OF DEATH				A STATE			ved. If instituti	ion: Residence befor	
	b. CITY OR TOWN (IF our	nce Georg		c. LENGTH OF STAY IN	NU	Mary I			Pr. Geo	
	and give nearest foun)	erdale		2 days	×		sville	e limin, write r	ONAL BUD BIVE LEC	rest rownj
	d. NAME OF HOSPITAL		If not in hospi			ADDRESS	2 <u>v</u> TTT6	·		e IS RE DENIE
		and Memor				11707	7 Ash Ro	ad		ON A FARM
	3. NAME OF DECEASED	Fire	197	M ddle	Lo	osi	4. DATE OF	Month	Day	Yeor
	(Type or print)	Uldin		Evelyn	Meyer			Novembe	r 26	19 58
	5. SEX 6	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	ТН	9 A	at to at had and	IF UNDER TYEAR	man again
	Female	white	WIDOWED	DIVORCED [	5-1	1-基	1925	33 yn	Months Days	Hours Min.
V	10a USUAL OCCUPATION during most of working li Housewife	(Give kind of work in te, even if retired)	done 10b Kith	ND OF BUSINESS OR INC				yl		WHAT COUNTRY?
	13. FATHER S NAME				14. MOTHER	Caro			USA	to My Man
ı		Vincent	Oliver				Morrell			
	15. WAS DECEASED EVER I	N U. S. ARMED FOI	RCES? 16. SC	OCIAL SECURITY NO. 1	7. INFORMANT	oreo	MOTTELL	Address		
	No (If	res, give war or dates of	zorvico]		Norman L	Meve	er: Same		s as # 2.	
	18. CAUSE OF DEATH	[Enter only one cou	se per line for	r (a), (b) and (c).]						A BETWEEN
	FART I. DEATH )	WAS CAUSED BY: MEDIATE CAUSE (o)		Hemorrhage	and shoc	k			OHSET.	AND DEATH
	8/6×	DUE TO					-			
	Conditions, if ony,			Fractured a	skull and	legs				
1	gove rise to immediate (a), stating the und	e Couse (					******			
	couse fast.	(c).		Automobile	4					
	PART II, OTHER	SIGNIFICANT CON	DITIONS CON	TR BUTING TO DEATH B	UT NOT RELATED TO	O THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(0) 19.	WAS AUTOPSY
ı	3								YE	PERFORMED?
ı	PART II, OTHER  2001. EXTERNAL CAUSE PRIMARY D or CONTR CAUSE OF DEATH.	WAS 20		HOW INJURY OCCURRE						-
ı			Operat	tor of an au	itomobile	in co	llision	with a	nother au	tomobile
	20c. TIME OF INJURY		or 20d, INJ	JURY OCCURRED 20e.	PLACE OF INJURY factory, street, offic	(Home, form	201. (City or to		(County)	(Stote)
i					U.S. Rt.		and and		Geo.	Md.
ı				mains described o						and in my
ł	opinion death res	ulted from: N	Natural ca	uses 🔲. Accider	n Suicio	de 🔲, 🕒	Homicide 🔲	, Undeteri	mined monner	
i	ACTUAL ()~	1 - 9	DA 1							ATE SIGNED
	SIGNATURE	m U.	11 out	eney	M.D.	WEDICAL EX	-			ATE SIGNED
	EXAMINER'S	on M 36.3		un!			AL EXAMINER			
		nn T. Mal	Production of the Parket				XAMINER X		ember 26,	1958
	220. BURIAL CREMATION, REMOVAL (Specify)			TE NAME OF CEMETERY			22d. LOCATION			(Stole)
	Burial I  23. FUNERAL D RECTOR'S S		958 <u>  1</u>	It Hope Ceme	cery	26- BSC'S	Florer  BY REGISTRAR		ith Carol	ına
	F. Gasch's		Hyatts	sville, Mary	land.	I DE			RAR S SIGNATURE	Ļ
				, , , , , , , , , , , , , , , , , , , ,		DATE				



VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

2837	CERTIFICATE	OF DEATH
フドスイ		0

1 PLACE OF DEATH 0 COUNTY	MARYLAND	2 USUAL RESIDENCE (W		l, If institution: Resid	ence before admission)
Prince Georges	MARTIAND	R/S	ryland	Dwin	nce Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write RURAL onc	give nearest towil)
Cheverly	7 days	Maryland	Dank		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
Prince Georges General Ho	ospital	6402 E. St	7		YES NO
3. NAME OF First DECEASED	Middle	Losi	4. DATE OF	Month	Doy Year
(Type or print) Josephir	ne d	Mills	DEATH N	lovember	20 19 58
5. SEX   6. COLOR OR RACE   7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years IF UND!	R I YEAR IF UNDER 24 HRS.
Female White WIDOWI	_ A	MAR. 751	898 6	birthday) Months  yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country	12. (	ITIZEN OF WHAT COUNTRY
Housewife		Marvla	nd	III	nited.States
13 FATHER'S NAME		14 MOTHER'S MAIDEN	NAME		
UNKNOWA	4	UNI	KNOW,	N	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16		INFORMANT	1 17.600	6532 Re	etelse Rel
NO NONE	14.	KS GRACE V	POORE	AN dak	75100
18 CAUSE OF DEATH [Enter only one couse per lii	ne for (a) (b) and (c) )				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Co	· 10 11 13	7 - 2 - 2	<del>-</del>	ONSET AND DEATH_
170 X DUE TO		100			- mano
	. 77	In to be			
Conditions, if ony, which   (b)	Irus 1	rolling to	e.		
couse (a), stating the under-					
lying cause last. (c)					
PART 11 OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERA	AINAL DISEASE CON	IDITION GIVEN IN PA	
ĮĶ į					PERFORMED?
					YES NO
PART II OTHER SIGNIFICANT CONDITIONS CONTROL OF THE PART II OTHER SIGNIFICANT CONDITIONS CONTROL OTHER SIGNIFICANT CONTROL O	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Parl I or Part II of	item 18 )	
3 20c TIME OF INJURY Month, Day, Year 20d, II	NJURY OCCURRED 20e PI	ACE OF INJURY (Home, for	m. 20f. (City or to	wn)	(County) (State)
Hour a.m. p. m 19 at war	4.	ctory, street, office bldg , et		•	from the family
21 I certify that I attended the deceas		19√2, to	mr. 20	1957 (hat	l last saw the decease
	127-				
alive on hatter 20, 19 9	11, and that death	n accurred alasay.			the date stated above
2000	e -		ADDRESS (Street, o	city or town, state}	DATE SIGNE
SIGNATURE William B	yuu	MD Lelky	custin	1 Ave	1/2 4/58
PHYSICIAN'S WM BRA	-iNIN	- Capita	1 Hote	nus	
220 BURIAL CREMATION 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION	City, town, or county	2 get
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 BEC	'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
111. 11. 11 On han	P. le FIT	116 at 0		Cirilian S.	4 .
www. muntell	10 auc 0111	10 HADE & 1/2-1	V 2 4 '58	Culmin 2.	/ VV4444
		1		***************************************	

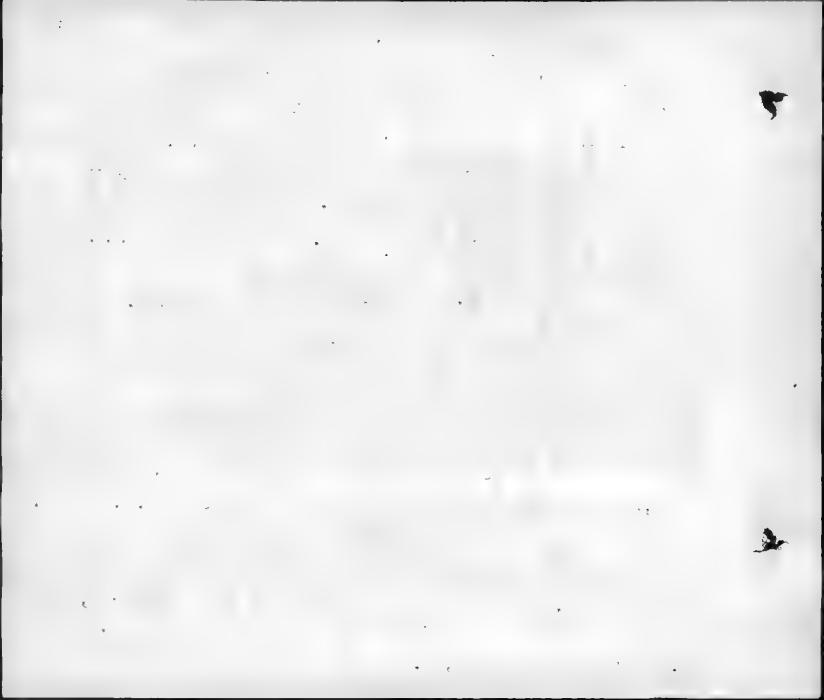


VS A15ME 5M 2.57

# MARYIAND STATE DEPARTMENT OF HEALTH\_RAITIMODE 18

ITIP	RICARD STATE DEPARTMENT OF HEALTH—BALTMORE,	10
2883	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Disf. No. 1285(

1,		RESIDENCE (Where deceased lived. If institution: Residence before admission)  E District of Columbia.
		OR TOWN (If outs'de corporate limits, wr'te RURAL and give neares) town)
		et ADDRESS 24 3rd Street N. W.
3.	3. NAME OF DECRASED (Type or print) Robert Bruce Minnix	4. DATE November 11 19 58
5.	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 30 Aug. White WIDOWED DIVORCED 30 Aug.	24 birthday)  Yrs  SAGE in years  IFUNDER 1YEAR IF UNDER 24 ITRS  Months Doys Hours M'n.
10	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Paporer  Text	77 G A
		R'S MAIDEN NAME Y Gillespie
14	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 12 MATY MILE	nnix (Mother) Salem, Va.
	PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which }  (b)  (c)  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	INTERVAL ECTWICES ONSET AND DEATH
ATION	gove rise to immediate couse (a), stating the underlying DUE TO couse last.  (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NOT
	20c. TIME OF INJURY Month, Doy, Year While Not while foctory, street, of	le that ran eff road, struck fixed obje  Y (Home, form, 20f. (City or town) (County) (Stote)
2	21. I certify that I took charge of the remains described above, held	Attack   11000110011
	ACTUAL SIGNATURE OF MO CHIE	F MEDICAL EXAMINER O
27	PERMITTAL SPECIFY TAMES I. BOYD  220 BURIAL CREMATION. 22b. DATE THEREOF PURIAL SPECIFY TO CREMATORY BURIAL SPECIFY BURIA	OTY MEDICAL EXAMINER November 11, 1958    1958   19
23	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  F. Gasch's Sons Ilyattsville, Md.	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE NOV 1 1 '58 Cuthung 8. Knack
line.		



Reg. Dist. No.

PEACE OF DEATH G. COUNTY		2. USUAL RESIDENCE (	Where deceased lived If	institution Residence	before admission)
Prince Georges	MARYLAND	Maryl		Pri	nce Georges
b CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate limits,		
Cheverly	l_days	X Seabrook			
d. NAME OF HOSPITAL III not in haspital, give street OR INSTITUTION	oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?
prince Georges General Mos	snital	9131 DuBa	rry Street		YES NO
3 NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH NO.	Month	Day Year
		Norman	A	ovember	26 19 58
5. SEX 6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	B DATE OF BIRTH	9 AGE II	at the same of	FEAR IF UNDER 24 HRS
Male White WIDOW	ED DIVORCED	8-26-80	78.70	yrs months Do	ays Hours Min
00 USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	<u> </u>	te or fareign country)	12 CITIZE	N OF WHAT COUNTRY
during most of working life, even if retired)  Engineer	Production		th. N.C.		United Stat
3 FATHER'S NAME		14 MOTHER'S MAIDEN			
Tohn Acudilla Norman		177 4	abadh Cabb		
John Aquilla Norman  5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17	NFORMANT	abeth Cobb	Address	
(Yes, no or unknown) (If yes, give wor or dates of service)			-		
		Marie B.	Wife Ad	dress Same	
Conditions, if any, which gave rise to immediate cause (o), stating the under-lying cause last.	METERS	sclera	ter HY	des	
PART II OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	IÖN GIVEN IN PART 1	(o) 19, WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury i	n Part I or Part II af Hem	18.)	
O Hour a.m. While	NJURY OCCURRED 20e. PL Not white k at work	ACE OF INJURY (Home, factory, street, affice bldg, e	rm, 20f (City or tawn)	(Cou	inty) (State)
21. I certify that I attended the deceas	ed from // /2.	2 19 J 8 to	11/47	19 5 F that I las	st saw the decease
olive on November 26 19		occurred ot 9:15			
VIII VII LISA ESBERANTANA AND SANTA IZ	-129, and mor deom	occorred of Nation	ADDRESS (Sirget, city o		
ACTUAL		della	MOUNTESS (Spreen, City of	Town, stores	DATE SIGNE
SIGNATURE		M.D. 7710	17 - 0	· · · · · ·	-11/57/14
PHYSICIAN'S FE / YUS	SEV ND	In	down	Hills	Md.
20. BURIAL CREMATION, 226. DATE THEREOF	RC NAME OF CEMEJERY O	R CREMATORY	22d LOCATION (CITY	flown, or county)	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR 24	b. REGISTRAR'S SIGNA	ATURE
GOOK FUNERALHO	ME BALTO.	ND, DATE N		C. May 8 A	Torus

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the fapage 3 shauld be decreated for use as the burial-transit permit. Then please remave carban papers Pages 1 and 2 shound the registrar prior tajburial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57



_ < 10 HOSPITAL OR ATTENDING PHTSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page.		5 TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the figure director	₹ with	
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0	www. may be retained by the haspital or attending physician.	0	🔾 🖘 page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaut	the
٧	S	۳- 415	(4	)
1	5M	10	/5	7

		12884 CERTIFICATE OF DEATH Reg. Dist. No.
		PLACE OF DEATH  o. COUNTY  PLACE OF DEATH  o. STATE  2 USUAL RESIDENCE (Where exceased lived. If institut on periodence before odmission)  b. COUNTY  b. COUNTY  Count
Jen. 10		b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give increase town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give increase town)  A. NAME OF HOSPITAL (If not in hospital, give street address)  e. IS RESIDENCE
	L	YES TO NO
	<u> </u>	(Type or print) Harry Ree Claners DEATH / anember 1519.5 &
		MIDOWED DIVORCED DIVORCED DIVORCED Syrs Months Days Hours Min.
	10a	D. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (Stole or foreign country)  Tame  Tame  Tame  Tame  To trizen of What Country  Manual  To trizen of What Country  To the country of the cou
	13.	FATHER'S NAME 14 MOTHER'S MAIDERS DAME
	15. (Yes	WAS DECEASED EVER IN U. S. AFFAED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (1) year grey for or doring of services)
,	Mon	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), storing the under-lying couse lost.  [INTERVAL BETWEEN ONSET AND DEATH ONSET A
	CERTIF CA	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18 )  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 Of work
1		21. I certify that l'attended the deceased from 1. 195.4 to 1. 15.18., 19
1		PHYSICIAN'S NAME ITYPE D. M. WARREN
	_4	BUBIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOGATION (City town, or county) (Stote)
	1	Le Will Canaldran Land My DATE 21 '58 240 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



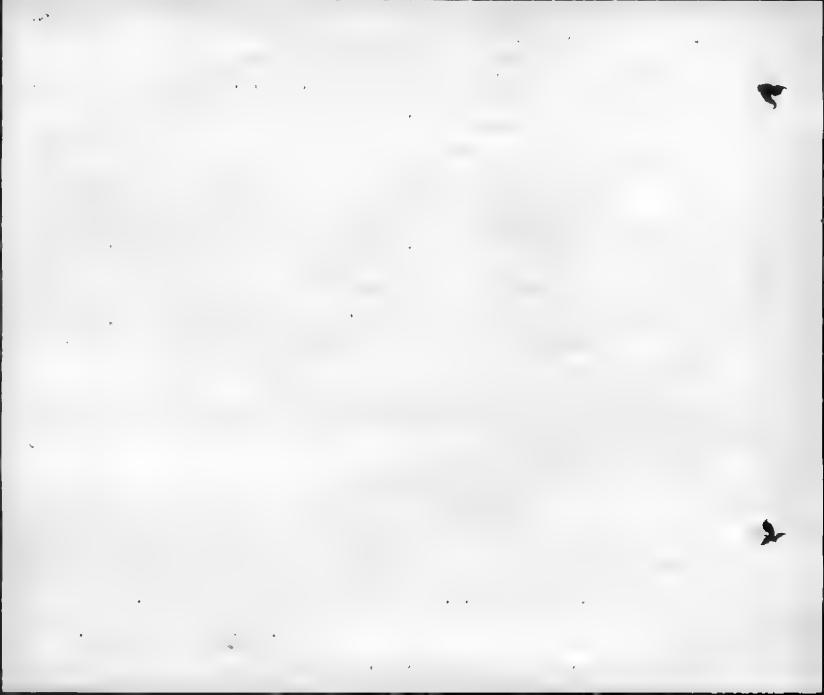
VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	12885	CLKIIIICA	AL OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH COUNTY Prince Georges	MARYLAND	2 USUAL RESIDENCE (Where decease b. STATE	b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		prote limits, write RURAL and give nearest town)
	Mitchellville d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Church Noad	20 yrg •	/ d. STREET ADDRESS	e. is residence On a farm? YES TO NO TO
,	3 NAME OF DECEASED (Type or print)	Nigol & dule	Lost 4. DATE OF DEATH	Month Day Year
	5. SEX 6. COLOR OR RACE 7 MARRI		8. DATE OF SIRTH	P. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS
	Male White WIDOWE	_	Dec. 13, 1896	last birthdoy) Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	CIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign c	ountry) 12 CITIZEN OF WHAT COUNTRY
	Electrical Indineer No	val Crd.Lab	John John	IJ. С. A.
,	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
)	Honry Deans Page		Sarsh Gregg	
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO 17 I	NFORMANT	Address
		2	ira. Tomother Ola	rlt. 1900 Mitchellvill
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CO	in indra	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
,	PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 6 or Por	YES NO
	A Hour o.m. While		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	y or town) (County) (Slote)
,	21. I certify that I attended the decease alive an 125 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R. D. S. C. C. C. C. T.		M.D	the causes and an the date stated above irrest, city or town, state)  DATE SIGNET
	220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	DR CREMATORY 22d LOCA	TION (City, town, or county) (Stote)
	REMOVAL ISpecify) 12/1/58	Holy Trinit	ty Epis. Cem. Cr	70 Mg 2
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D 8Y REGIS	
	hi'c.'e ros. v. 3.	: alboro,	~* DATEDEG 3 'S	18 internet S. Fleater



**JUI** 

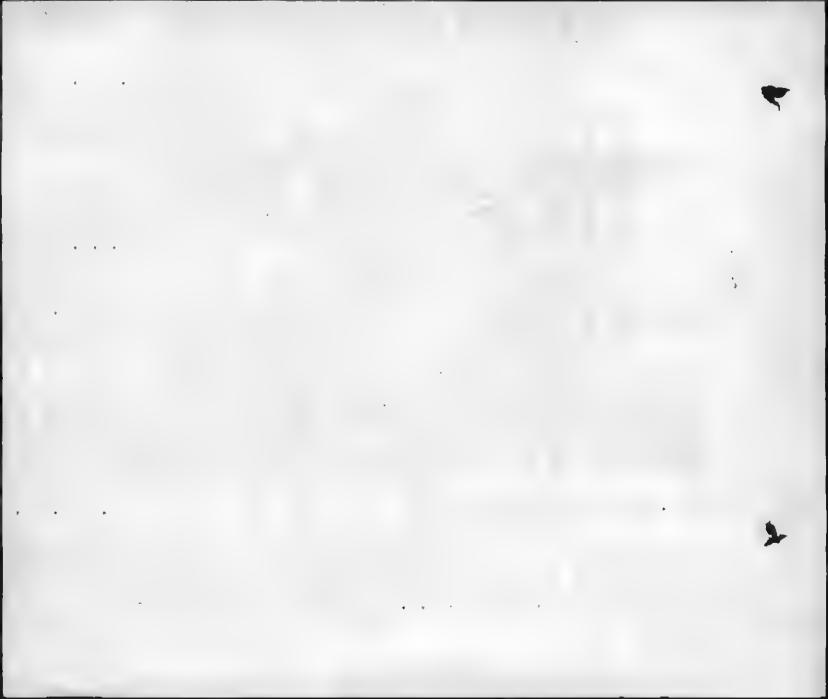
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12860

										Reg, Dist. N	lo.
1,	Prince Georges MARYLAND				USUAL RES	DENCE (W	here deceased liv	ed If institute	on: Residence b	sefare admission)	
				YLAND	o. STATE Maryland b. COUNTY Pr. Geo.					reo.	
	b. CITY OR TOWN (1 outside corporate limits, write PURAL ord give nearest town)			IN 1b	c CITY OR	TOWN (IF	autside corporate	limits, write R	URAL and give	neorest fawn)	
	a a grandina in inchin	Riverdal	е	23 h:	rs	15	Hyat	tsville	€		
	NAME OF HOSPITA	L OR INSTITUTION (	If not in hosp	ital, give street addre	55)	d. STREET A	DDRESS				IS RET DEN E
_		d Memoria	al Ho			/ 3714 Jefferson Street VES NO					
	NAME OF DECEASED (Type or print)	Jennie	4	Vance	Pat			4. DATE OF DEATH	Novemb	er 2	26 19 58
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	_			9. AC	E (in years   I		R IF UNDER 24 HRS
I	Pemale	white	WIDOWED	DIVORCED		Pebrua	ry 1	, 75	bighdoy)	Months Doys	Hours Min.
100	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  NONE			INDUSTRY	II BIRTHPLA	_		)		OF WHAT COUNTRY?	
13.	13. FATHER'S NAME			Ti	4. MOTHER'S J	MAIDEN N	AME		alan 'a		
	Johr	Vance					Sara	h Stone	er		
		R IN U. S ARMED FO		OCIAL SECURITY NO	17. INB	DIMANT			Address	eliteratus no	-
1	No	for hear dies mon en soust of	1041(6)		Ru	th Bra	dfor	d; same	addr	ess as	3 # 2.
TIS CAUSE OF DEATH lenter only one couse per line for (a), (b), and (c) I							TERVAL BETWEEN				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to aspiration of vom:							m1 t110		sudden		
	9040	DUE TO		<u> </u>	00	<u> </u>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	TT OF A	MIT OND		Judueii
	Conditions, if ony, which (b) Congestive heart failure due to shock										
	gove rise to immed (a), stating the u	iale couse		CHIPATTY ,	5 to 10 10 to 10					-	*
	couse lost.	(c)	Fra	cture of	nec	of f	emur	1			l day
13		Senility									YES NO 🔼
CERTIFICATION	20d EXTERNAL CAUSE WAS PRIMARY GOOT CONTRIBUTING DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Port L or Part II of Item 18)  Fall in home										
13	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. IN	HURY OCCURRED 2	Ge PLACE	OF INJURY (H	lome, form,	20f (City or lo	vn)	(County)	(State)
MEDICAL	11.30km	11-25-馬	While	Not while	toclary	, street, Office	bidg , atc )	Hvatt		Dw	Coo 358
1					d obove		Autopsy	Intra	tion F	Inquiry D	
	21.1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .										
	DATE SIGNER							DATE SIGNED			
SIGNATURE STATES M.D. CHIEF MEDICAL EARMINER											
	EXAMINER'S John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER 11-26-58										
72.	NAME (Type)	N, 22b. DATE THEREC		TIEY NAME OF CEMET	EDY OR CE		T			-25	
1	REMOVALISPECITY)	Nov 29, 1	- 1	Beallsvil		emeterj	y	22d LOCATION		71	(State)
Janes .	FUNERAL DIRECTOR		1	ADDRESS				DEALLS Y		Penns #AR's SIGNATI	ylvania _
	F Gasch's		larn A A co					- 150	1	of of	
	- dascii's	S SOURS II	YHLLS'	ville, Md	0		DATED E	1 2 30	V 8- A	/	Mar.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Rage 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained for yours.

TO FUNERAL DIRECTOR Days 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the Provided as its designated agent, prior to burial, cremation, or removal, and in pur ferry within 72 hours after death. VS. ATSME 5M 2 57



21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , o opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner

22c MAME OF GEMETERY OR CREMATORY

DDRESS

Maloney. M.D

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER [7]

240. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

DATE NOV 5

DATE SIGNED

November 1.

246 REGISTRAR 5 SIGNATURE

( " " 9 4 mas

22d LOCATION (City, lowly) of county)

VS A15ME SM 2/57 ACTUAL

SIGNATURE

EXAMINER

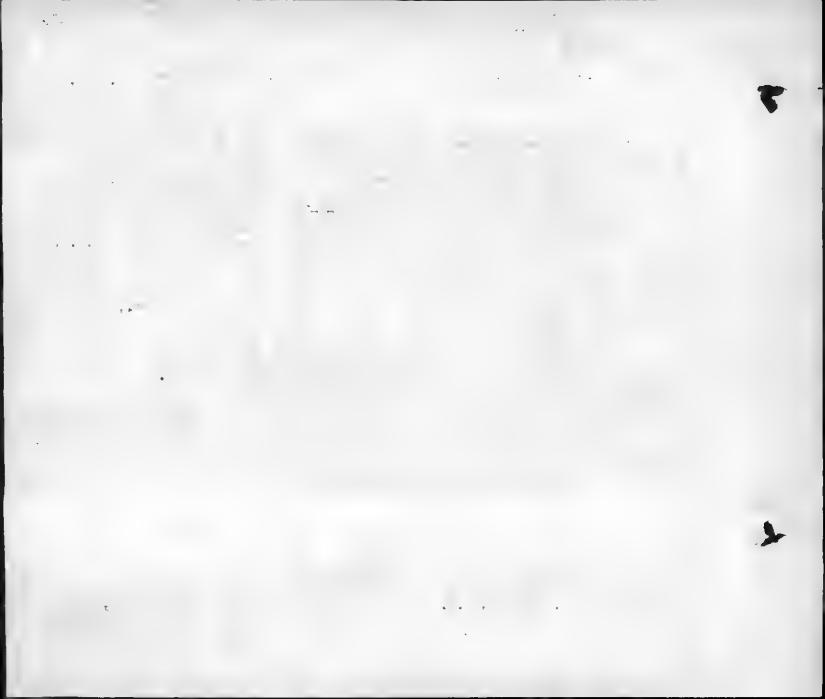
NAME (Type)

HMOVAL (Specify)

23L FUNERAL DIRECTORS SIGNATURE

John T.

270 BUR AL CREMATION 7220 DATE THEREOF



# OR STATE HEALTH DEPT.

\*\*\* LETUTY METICAL TEXAMER: This certificate should be executed within 24 hours of midesth. If any delay is necessary, please execute the certifical mining the ward "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the funeral director. Associated be forward. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you?

TO FUNERAL DIRECTION go 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 100 th, or its designated ago prior to burial, cremation, as removal, and is any event within 72 haurs after death.

VS ALSME 5M 2 '57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Keg, Dist. No.				
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If it					
Prince Geo	Tges MARYLAND	o STATE Maryland b. CO	Pr. Geo.				
b CITY OR TOWN ( flouts de corpora e limits, write 1) and give regarest town)	c LENGTH OF STAY IN 16	CITY OR TOWN (if outside corporate 1 mits, v					
Cheverly	D.O.A.	Beaver Heights					
d. NAME OF HOSP TAL OR INSTITUTION (IF		, d. STREET ADDRESS	e. IS RESIDENTE ON A FARM				
Prince Georges Gener	al Hospital	4620 R. Street	VES D NO				
3. NAME OF First DECEASED (Type or print) Margaret	Middle Elizabeth Pet	OF	conth Day Year				
S. SEX 6 COLOR OR RACE 7.	MARRIED INEVER MARRIED B	DATE OF BRTH 9. AGE In year					
Thomas San	VIDOWED DIVORCED	Total AO SOOO (S	yrs Months Days Hours Min				
On USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) HOUSEWITE	ne 10b. KIND OF BUSINESS OR INDUST	The same of the sa	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Charles M. Shaw		Alberta Byer					
15. WAS DECEASED EVER IN U. S. ARMED FORCE [Ver. ng. or unknown] [If you, give wor or dottes of som	rica)	ohn Petrie; same address	hess 森泉 単 2.				
IB. CAUSE OF DEATH [Enter only one couse		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INTERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (e)  1-20,   DUE TO  Conditions, if ony, which   (b)	· ·	thrombosis:					
gave rise to immediate couse							
(a), stating the underlying DUETO							
PART II. OTHER SIGNIFICANT CONDITION	TIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE COND TION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
206. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED (E	nter nature of injury in Part I or Part II of Item 18 )					
20c. TIME OF INJURY Month, Doy, Yeor Hour g. m.	20d INJURY OCCURRED 20e PLAC While Not while fack at work of work	CE OF INJURY (Home, form, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)				
		ve, held an Autopsy K, Inspection					
apinian death resulted from: No							
ACTUAL SIGNATURE JAMO - 9	Naloney	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED				
EXAMINERS TO BE TO BE TO	//	ASSISTANT MEDICAL EXAMINER					
NAME (Typy) JOHN T. METO			ovember 💃 1958				
Burial, CREMATION, 226 DATE THEREOF Burial Nov 7, 195	NAME OF CEMETERY OR Arlington Nat	. ,					
3 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EGISTRAR S SIGNATURE				
F. Gasch's Sons H	Iyattsville Md.	DMAV 1 0 '58	in & Frank				



# FOR STAT HEALTH-DEPT TO DEFLITY MIDICAL PLANIER: This certificate should be executed within 21 hours offer fleath. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwyddd to the Ch ef Medical Examiner's Office along with form PM3. Page 5 may be retained for mei'lle. TO FUNERAL DIRECTOR PAGE 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard Geothman or its designated. It prior to buriol, cremation, all removal, and in any event within-22 hours after death. M

VS ATSME 5M 2 '57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12841

12863

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

e	1, 7	LACE OF GEATH  2 USUAL RESIDENCE [Where deceased lived IF institut on Agridance before adm ss on]
	'	MARYLAND O. STATE OF DALLE SOUNTY () COUNTY ()
	Ь	CITYOR TOWN III ou side copyage I m 1. of IRURAL C LENGTH OF STAY IN 1b C. CITY OR TOWN (If putilide corporate limits, write RURAL and give negrest lown)
		and gry softed town of the second Collection of the second Collection
	d	They was a second
}		ON A FARM?
		- I male Serger Sin. Hora 1 3/0/ Walls Street YES NO
		NAME OF LOTT & DATE Month Doy Year
		Type of print Villiam Junior Yelly DEATH TLOV- 23 1958
	5, 5	The Bright of the Art
	[ Y '	Valle Colored WIDOWED DIVORCED U1-272/3 45 yrs Months Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10% KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stoje or foreign country)
1	\ <u>`</u>	Josk brider Sept of General Dant or Cal. Ct. SQ.
1	13.	FATHER'S NAME 14, MOTHER'S MADEN HAME
		The relocation to the
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES TO SOCIAL SECURITY NO 17 INFORMANT
		no, or without) (11 yes, g ve wor or do'es o' service)
		water - washington De,
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (0)
		400.1 DUE TO
		Conditions, if ony, which) (b) (con electrons on the Remark of the
		gove rise to immediate cause
		couse lost. (c)
	Z	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	R	Cothesine place of the YES IX NOT
	CERTIFICATION	200, EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCUPATED (Enter notice of fourty in Port Lor Port II of Hom 18.)
	CEA	PRIMARY Der CONTRIBUTING DE CAUSE OF DEATH.
	3	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	WEDICAL	Hour o. m.  While Not while factory, street, office bldg., etc.)  p.m.  19 of work of work
	-	2) heatiful that I had about of the county desired that A
	Н	opinion deoth resulted from. Notural couses . Accident ., Suicide ., Hamicide ., Undetermined monner
		ACTUAL DATE SIGNED
		SIGNATURE D. MAN. J. I I LOLLENGE M.D. CHIEF MEDICAL EXAMINER
)		EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPLIES ASSIS
ĺ		The state of the s
		BUR AL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stote)
	-	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	23	ONERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE NOV 2 5 50
1		Lus Henry 30 H Street, N.E. DATE



al director, filed with

14

# **CERTIFICATE OF DEATH**

Rea. Dist. No.

1	_ <del></del>			VAR- D	131. 140.				
Ī	PLACE OF DEATH O COUNTY	44 A DIVI 444D	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE b. COUNTY						
L	Prince George	MARYLAND	Maryland	Prince Geor	ge				
	b CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
L	Cheverly	3 Days	KChapell Hil	1.					
	<ul> <li>d. NAME OF HOSPITAL (If not in hospito), give street OR INSTITUTION</li> </ul>	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
L	Prince George General H	ospital	9011 01d F	ort Rd.	YES NO				
3	NAME OF DECEASED (Type or print) John	Middle P	Lummer	4. DATE Month OF DEATH NOV.	Doy Yeor 22 19 58				
5	. SEX 6. COLOR OR RACE 7. MAR		B DATE OF BIRTH	9. AGE (In years IF UNDE	R TYEAR IF UNDER 24 HRS				
1	Wale Colored WIDOW			382 lost birthdoy) Months 76 yrs.	Doys Hours Min.				
100 USJAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  Retired  Waslington. D.C.									
13	3. FATHER'S NAME		14 MOTHER'S MAIDEN I						
	71.1		0.1	harina Dudian					
_	Unknown			herine Butler					
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 You no or unknown) 1 (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	N. E.				
=	No	None	Josephine S	horter 1227 F1	orida Ave.				
	PART I. DEATH WAS CAUSED BY:  PART I. DEATH WAS CAUSED BY:  NAMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under.  DUE TO	ne fro Vas Cu	is acci	ident	ONSET AND DEATH				
2	lying couse lost.	CONTRIBUTE C TO DESTRUCT	The prince of the same						
CATA	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAI	PERFORMED?				
CEDTIE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not while of work of w								
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 of wo	l de	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (Stote)				
	21 I certify that I ottended the deceased from Mar 19 , 1958, to Mr 22 , 1958, that I last saw the deceased								
	alive on 22, 1958, and that death occurred at 9:10A.M. from the causes and on the date stated above.  ADDRESS (Street, city or lown, state)  DATE SIGNED								
	SIGNATURE Drawy n. Carlyon, M.D. 18/6 R. S.K. n.W. Warf DC 1/2/5								
	PHYSICIAN'S NAME (Type)	rlton'/		gan war ann ann gan agu au, au, an agu lug ar a' gaill. Y ar ara dh'r alla da sa san an gan agu har gan ga	/ /				
2	PO BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City town, or county)	(Stote)				
	Burial 11-29-58	Mt. Olive	t Cemetery	Washington	D. C.				
22	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS '> - / 5-	12 15 1240 PEC	D BY REGISTRAR 246, REGISTRAR'S SI	CNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours offer death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the 15 page 3 shauld be decided for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to all, cremotion, or removal, and in any event within 72 bours after death.

VS A1S (4) 15M 10/S7





VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12843

**CERTIFICATE OF DEATH** 

12866 Reg. Dist. No.

o. COUNTY PRINCE SEGREE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ANARYLAND COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  LAURE L  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LAURE L  OR NIE  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION EL SANITARIUM  DELMAR AND S.F. VES   NO
NAME OF DECEASED (Type or print)  AFIRE RENNIE 4. DATE OF DEATH NUT. 24 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Inst birthday)   Manihs Days Hours Min   Manih Min
06. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY:  14 DUSEN IF THE COUNTRY:  12 CITIZEN OF WHAT COUNTRY:  13 DUSEN IF THE COUNTRY:
WILLIAM TELPER 14. MOTHER'S MAIDEN NAME - GOD, DULLINE VY
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RCCCRDS FACREE SANITARIES MM/DUGUM HOSPITAL RCCCRDS FACREE SANITARIES
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (c)  DUE TO  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OCCUPANT MAN
Conditions, if any, which gave rise to immediate cause (a), stating the under:  lying cause lost.  Conditions, if any, which to the cause (a) to immediate cause (b) at the cause (c) conditions to immediate cause lost.  (b) at the the the cause cause lost.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enler notifie of injury in Part I or Port II of item 18.)  20a. ACCIDENT WAS UNDERLYING OF DEATH OF DESCRIBE HOW INJURY OCCURRED. (Enler notifie of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year Hour o. jt.    Pp. m.   19   Act work   at work   at work   20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
21. I certify that I attended the deceased from 21/2, 19.50 to 19.50, that I last saw the deceased alive on 12.50, and that death accurred at 2.50 M, from the causes and an the date stated above.
ACTUAL ENAUP. KILLEMAN M.D. LAUREZ-JAMITARIUM 11-14-53
PHYSICIAN'S ERILA P. IRAKINER LAUREZ MARKZAMI
220. BIRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
TOPFINYY TIRNALLY CHEN BURNIE MY DATE 240. REGISTRAR'S SIGNATURE OF THE BURNIE MY DATE



# FOR STATE HEALTH DEPT

Page 

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y form a should be used as a burial-transit permit. File pages 1 and 2 with the State Board a control or the Existence of the Prior to buriol, cremation, or removal, and is any event within 72 hours after death.

VS A15ME

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12844 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

•		PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived If institution residence before admission)
		COUNTY French Classes MARYLAND O. STATE Manyle b. COUNTY June length
}	b	CITY OR TOWN (If outs de cerporate timits, Life RURAL, and give neprest town)
1		
	10	T. NAME OF MOSPITAL OR INSTITUTION (II not in hospital, give street address) d. STREET ADDRESS
9	M	De Coche Son Depte 511-Come & Allema VEST NO Ed
	3	NAME OF CONTROL Month Day Year
	Ľ	OPECEASED Type or print) Charles DEATH 7 22 1955
	5. \$	The state of the s
	]-	1 s 1/2 Months Days Hours Mn
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY II) BIRTHFLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	d d	uring most of working life, even if refired)
	-	Work work Washington ITC 1 150
n n	13.	FATHER'S NAME
	(	amello tecco \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address I of you, give wor or dotes of service)
		no - I was Vincent Files
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]
		PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE [0] GC. to Congotino kent tacks
!		442X DUE TO .
		Conditions, if any, which) (b) Carely mas are Con ? renal descent
		gave rise to immediate cause
		(c), stelling the underlying (c) (c)
	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
)	ΑŢΚ	PERFORMED? YES NO D
	1575	20g. EXTERNAL CAUSE WAS   PRIMARY   or CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18 )
	CERTIFICATION	PRIMARY Of CONTRIBUTING I
		20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or hown) (County) (State)
	MEDICAL	Hour o. m. While Not while factory, street, office bldg., etc.]
	₹	
		21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [1], Inquiry [1], and in my
		opinian death resulted fram. Natural couses . Accident ., Suicide ., Homicide, Undetermined monner
		ACTUAL DATE SIGNED
		SIGNATURE MEDICAL EXAMINER [
4		EXAMINER'S ASSISTANT MEDICAL EXAMINER
		NAME (Type) LA MOS LI LI CV d DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
	220	BURIAL CAPHANTON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State)
		BURIAH 11/25/58 Washing Ton National Just land Maryland
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5/7 // 5/4. REC'D BY REGISTRAR 246. REGISTRA
		W. W CHAMBERS S.E. Wash, D.C. DATHOY 2 6 '58 Carthon & Thomas



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12868

1.5			Reg.	Dist. No.					
1	PLACE OF DEATH  G. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)							
	Prince Georges MARYLAND	* STATE Maryland	o STATE Maryland b. COUNTY Pr. Geo.						
	b CITY OR TOWN (If outside corporate smile write RURAL ond give request town)	c CITY OR TOWN (If outside corpo		_ , ,					
	Cheverly 3 weeks	West Hyatt	eville						
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS	4444	THE IS RESULTED					
1	Prince Georges General Hospital	2100 Charle	eston Place_	YES NO					
1 3	NAME OF First Middle	Lost 4. DATE OF	Month	Day Year					
		binson DEATH	November	5. 19 58					
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9	AGE (In years IF UNDE						
	Female White WIDOWED DIVORCED	8-6-66	92 yrs Months	Days Hours Min					
1	00. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign cou	onlry) 12 CI	TIZEN OF WHAT COUNTRY					
	Housewife None	Ohio		U.S.A.					
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		O & D + M &					
4	Jacob Weber	Katherin	e Nicholas						
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN	YFORMANT	Address	-					
- 1	No (If yes, give wor or dates of service) none H	azel Sperry; same a	address as #	2					
=	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]	DPOLLY GENERAL	waten an A	INTERVAL SETWICE					
	PART I. DEATH WAS CAUSED BY. MYCOGRICID I INSUFFI OF DATE								
	Charles Could by								
	Conditions if any which Shock								
gave r'se to immediate couse									
	(0), stating the underlying DUE TO	white Courses							
	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS								
7	Senility	IOF RELATED TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?					
				YES NO					
214437	PRIMARY IL OF CONTRIBUTING DI CAUSE OF DEATH.	one. 7417 Carroll		Park. Md.					
13	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 70e PLAC		-	punly) (State)					
, venue	Hour 306   Hour 306   While Not while   Man	rry, street, office bldg., etc.)							
1	4460		ma Parks For	والمستقل المستقل المست					
	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my								
	opinian death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner								
	DATES								
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER								
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER		.4					
_	NAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER	November						
2	20 BURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR	CREMATORY 22d LOCATIO	Oh (City, lown, or county)	(State)					
-	TRANS & BURIAL 11/6/58 GREEN LAWN CE	METERY COLU	MBUS, OHIO	_					
	ADDRESS ADDRESS	DA DECID BY BEDIEVE							
23	WAT NER E. PURIPHREY, INC. Silver Spring	Md. 240 REC'D BY REGISTRA	R 246 REGISTRAR'S SI	GNATURE					

4 should be forwar TO FUNERAL DIREC VS ATSME BM 2.57

0

or its designated a

DEPUTY MEDICAL EXAMINER: This certificate shared be executed within 24 hours after death. If any delay is necessary, please sworther the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Uneral directors, Page should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your functional permits. File pages 1 and 2 with the State Board of the Chief Directors of the Chief Board of th

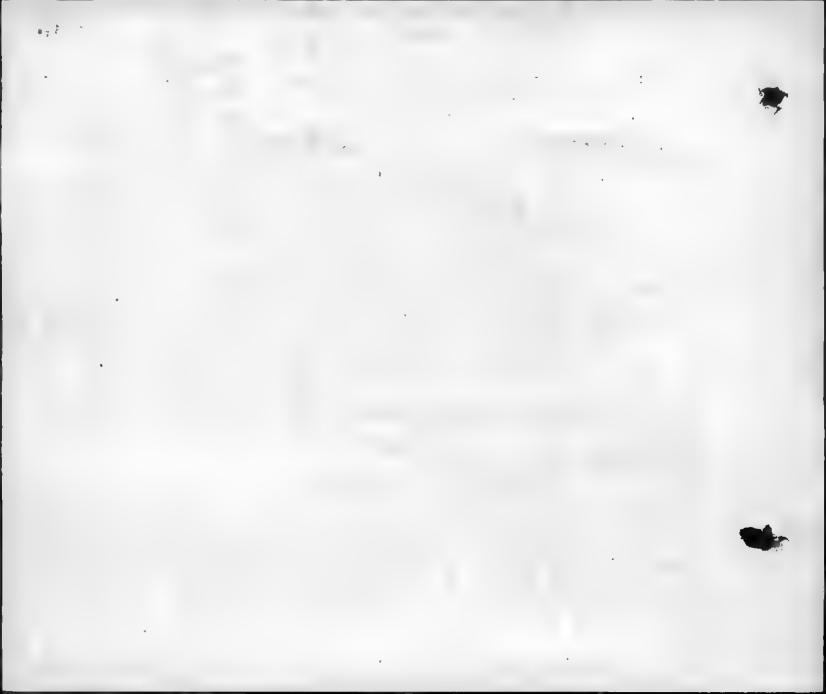
I



VS A15 (4) 15M 10/57 12869

Reg. Dist. No.

1. PLACE OF DEATH  G. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
Prince georges MARYLAND	md. b. COUNTY PAINCE GEORGES
b. CITY OR TOWN (If outside carporols limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give newest lown)
Cheveney IXR	5 Cheverly
d NAME OF HOSPITAL (If not in Vospital, give street address)	d STREET ADDRESS e IS RES DENCE
2711 Crest are	2711 Crest avit ON A FARM?
DECEASED	D Lost 4. DATE Month Day Year OF
THE PRESE	ROJERS DEATH NOV 4 19.58
MAKKIED [ MAKKIED []	B. DATE OF BIRTH  9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS lost birthday)  Months Doys Hours Min
MALC WITE WIDOWED DIVORCED	June 1 1896 62 45
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Salesman cloths	NEBRASHA M.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
William K Rogers	Mary M Nicol
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
[Yes, no or unknown) (If yes, give wor or date of service)	sephine C Rogers Cheverly, Md.
Yes WW	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) CORONAN	Ly Thrombosis Ihr.
July DUE TO	
Conditions, if any, which ) (b) ARTERIDSCE	LEROTIC HEART DISEASE 9 YRS.
gave rise to immediate couse (a), stating the under-	
lying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO DA
	[Enter nature of injury in Part I or Part II of item 18.]
206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING [] CAUSE OF DEATH [] (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INITIAL III.
A Hour o.m. White Not white for	ACE OF INJURY (Home, form, 201. (City or town) (County) (State)
≥ p. m. 19 of work □ of work □	
21. I certify that I attended the deceased from U4LY	19.5 3, to Nov 4 19.5 Ahot I last saw the deceased
alive on May 3 1958 and that death	accurred at 7=4M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE MANNEN W LAND / MICON	7503 PORMUST 11/4/18
SIGNATURE	ND
PHYSICIAN'S NORMAN DONAT (8)	MEAU MTRAINIER ML
	· · · · · · · · · · · · · · · · · · ·
BEMOVAL (Specify)	7 7 1 7 2
1101 1 1000 111116 0011	
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24e. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE NOW 1 0 38 Sthan S. Thank



VS A15 (4) 15M 10/57

3),	L		1284	7	CERTIF	ICA	TE OF DEATH	1		Reg. Dist.	No.	
4		PLACE OF DEATH COUNTY Prince	George		MARYL		. USUAL RESIDENCE (W)	nere deceased	rince Ge	n Residence	before admi	55 On)
V			outside corporate fimit	s, write	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If o				e nearest lov	vn)
	L	Cheverly	7		40 Days	/	5 Hyattsvill	.6'				
		OR INSTITUTION	Al (If not in hospital, gi George Gene		oddress)		4512 B url	ingtor	Road		ON	SIDENCE A FARM? NO
		NAME OF DECEASED (Type or print)	Cha	rles	Middle J.		Lost Ross	4. DATE OF DEATH	Man No		Day 2	Year 19 58
	5.	SEX		7 MARR	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1		DER 74 HRS
		Male	White	WIDOWE	_		Nov 27, 18		last by [haloy]	Manths De	ays Haurs	Min
		NUSUAL OCCUPATION of work Retired FATHER'S NAME	Plate Pr	inte	r US Gov		ent Chica	igo, I	untry) llinois		S.A.	T COUNTRY?
_ ~				Unkn	own			Unkn	own.			
阿里	115	WAS DECEASED EVEL	IN U.S. ARMED FORCE If you, give war or dates of se NO	ES? 16	SOCIAL SECURITY NO.	1	tle Dodson	Ну	attsvill		•	
	7	PART 1. DEA'  Canditians, if as gave rise 1a ir cause (a), slating 1 lying cause last.	IH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO  DUE TO  (b) n mediate he <u>under</u> (c)		etor (o), (b), and (c)]		Jailer	٠			INTERVAL E	DEATH
^	FICATION		Cec	ele	al Hu	eru	Cua y.			EN IN PART 1	PERF	AUTOPSY DRMED?
	A CERT		MEDICAL EXAMINER)				Enler nature of injury in f					
	MEDICAL	Haur e.m. p m	Manth, Day, Yea	While	NURY OCCURRED 2	foctor	OF INJURY (Hame, farm y, street, affice bldg., etc	. 20f. (City	or tawn)	(Cou	inty)	(State)
•		21. I certify the alive on NOT	of I offended the				19.31/, to coursed of 6:35A	_M, from	the couses o	that I los	t sow the	deceosed
1		ACTUAL SIGNATURE	· Dei	f 2	<i>y</i>	M.[	1/3/4	ADDRESS (SII	eel, city or town, :			ATE SIGNED
		PHYSICIAN'S DE	• Aaron De	itz			Hyatts	ville	Md.			
		77 2 - 1	Nov 5, 19	58	Pt Lincol				ON (City, town, o		(Sto	te)
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240 REC'I		AR 245 REGIS		MUREMA	

F. Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12870



ADDRESSTY W. Penn. Jr 240. REC'D BY REGISTRAR

Administrator.

DATE

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

Page

hours after death."



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 2d & 22b, Film G-236 OF DEATH

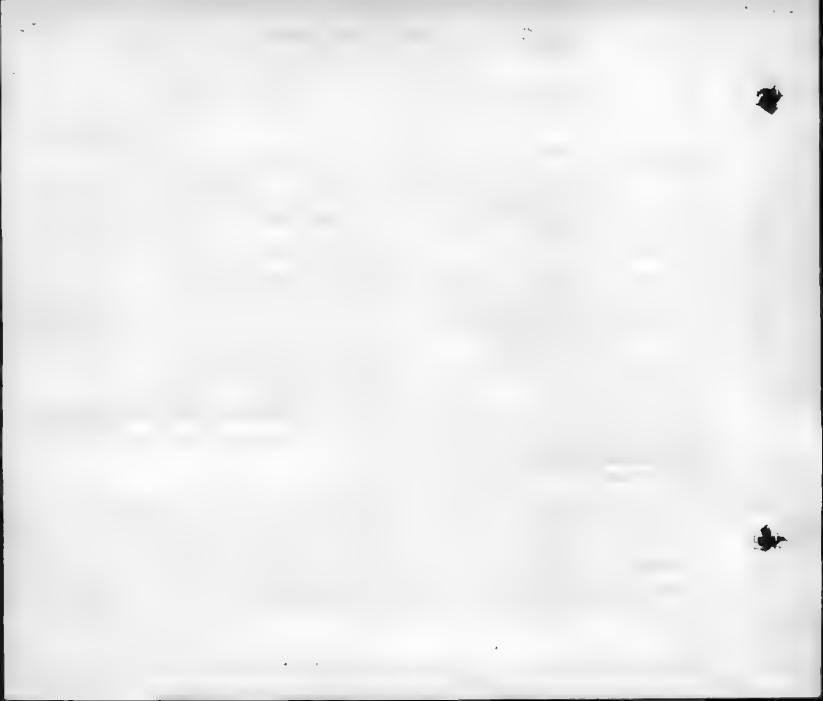
12871

1 9	4_	12801	CERTIFICA	TIE OF DEATH	1	Reg. Dist. No	•
)(	升	PLACE OF DEATH		2 USUAL RESIDENCE (WI	nere deceased lived. If institu	tion: Residence befo	re admission)
	L	Prince Opproes	MARYLAND	o. STATE Pennsy	lvania b. COUNT	Y	
		b. CITY OR TOWN (if outside conforate limits, while c. LENC RURAL and give nearest joyn)	TH OF STAY IN 16	c CITY OR TOWN (If o	outside corparate limits, write	RURAL and give ne	prest town)
0	4	Azatisville 184	weeks	Johnsto	own	7 79	
-	7	d NAME OF HOSPITAL (If not in hospilol, give street oddress) OR INSTITUTION	12	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
d	1	1500 Nanahua SI N	+ b1 503	352 Ar	thur Street		YES NO
200	33	NAME OF DECEASED (Type or print) Maude E	Isie S	haffer	4. DATE OF DEATH	v 21	y Year 1958
-	13	SEX 6. COLOR OR RACE 7. MARRIED 17	TEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR	AF UNDER 24 HRS.
1	7	Peniale White WIDOWED []	DIVORCED [	Sept 8, 188	/ 7/ yrs		Haurs Min.
6	10	b. USUAL OCCUPATION (Give kind of work done 10b, KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote	or fareign country)		F WHAT COUNTRY
7	<u>/</u>		HOME	PENNSVI	VANIA	25	A.
3	ار	FATHER'S NAME		14 MOTHER'S MAIDEN N			
1	<b>\</b> _	FRED HILL		SUSAN	TRUAX		
-	15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SQCIAL S		FORMANT	Ad	dress	0 007
7		Nohe	150	SAN SHAF	FER 1500	KANAWI	bA、Stalk
-	$\mathbb{Z}^{-}$	18 CAUSE OF DEATH [Enter only one couse per line for (o).		7) .	7	MYM INTI	RVAL BÉTWEEN
	7	PART I. DEATH WAS CAUSED BY:	sul Oc.	Vunan	1	ONS	ET AND DEATH
-	7	DUE TO					
1	Þ	Conditions, if ony, which ) the AA Sant	a co Oat	Tour Sound	0110		
K	4	gove rise to immediate	and the		- ave		
-	1	couse (a), stoling the under- lying couse lost.	erolise	deliter	iosderos	is	
-	<b>†</b> ₹	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH JUT	NOT RELATED TO THE TERM	NAL D SEASE CONDITION GE	VEN IN PART 1(0)	9 WAS AUTOPSY
1.	STION S						PERFORMED?
	₹E	200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HO	W INJURY OCCURRED	(Enter nature of injury in f	Port I ar Part II of item 18 )		
1	₹ <u>₽</u>	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
0	K	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC		CE OF INJURY (Home, form,	20f (City or town)	(County)	(Stote)
0	18 A	Haur e.m. While Not p. m. 19 of work of w	while	tory, street, office bldg , etc.			
	1	21. I certify that I attended the deceased from	nov-11	19.58, to 2	2012 21 , 195	Sthat I last so	w the deceases
-`	K	alive on 200111, 1958,	and that death	1 . 74 .	2M, fram the causes		
-	{	00000	Aan	1,1	ADDRESS (Street, cile or Jown,	210101	DATE SIGNED
	1	SIGNATURE CLERKES TO LE	ellou	10211	mares de Voy	730, J	
	Á		1	200	0	1000	7
- 3		PHYSICIAN'S RICHARD Wh	e Itani	M) Schrei	Spino	Mary	sur
	) 220	ACMANIA (Specific 1 1 1 / 17 1 / ED	ME OF CEMETERY OF		22d. LOCATION (City, town,	or county)	(State)
		SURIAL SPECIFY 11/21/58 G	rand view	Cemetery	Johnstown	, Pa	
	23.	FUNERAL DIRECTOR'S SIGNATURE . ADD	DRESS S			ISTRAR'S SIGNATUL	RE
			In Arro	Sania	2 4 '58 ( 2)	my & traces	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be do the first filled in by the page 3 should be do the first filled in by the page 3 should be do the filled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shart the registrar prior to wriat, cremation, ar removal, and in any event within 72-bayes after death. VS A15 (4) 1SM 9/55

director



ON A FARM?

YES NO IX

Year

1958-

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTPrince George's c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) November IF UNDER I YEAR IF UNDER 24 HRS Months

> USA Address

13.

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

Ching 2

PERFORMED? YES NO 1

> (County) (Stote)

1955, and that death occurred at 1:10 C.M. from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

PHYSICIAN'S NAME [Type]

220. BURIAL, CREMATION. 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Nov 16, 1958 Harrisonburg, Va 23. FUNERAL DIRECTOR'S SIGNATURE

Dr. Waldo B. Movers

F. Gasch's Sons

22d. LOCATION (City, tawn, or county) Harrisonburg

**ADDRESS** 24b REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Hyattsville Maryland. DATNOV 1 8 '58 arily S. Hours

0 VS A15 (4) 15M 10/57

900



CERTIFICATE OF DEATH

	1	2	8	7	3
Dist.	No.				

24a REC'D BY REGISTRAR

DATEDEC

.C.

246. REGISTRAR S SIGNATURE

	14043	CERTIFICA	AIE OF DEATH	Reg	. Dist. No.
1.	PLACE OF DEATH COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (WM o. STATE	b. COUNTY Prince	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or	viside carporole limits, write RURAL	ond give nearest town)
	Cheverly	1.2 Days	15 Hyattsvil		
	d. NAME OF HOSPITAL (If not an hospital, give street oppositive) George General	address)	d. STREET ADDRESS / 5352 Quit	ncy Place	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or print) JESSE	Middle S-	lest	4. DATE NOVe Month DEATH	387 1958 19
	SEX 6 COLOR OR RACE 7. MARR	IEDE NEVER MARRIED	aug. 24,1881	9. AGE (In years lip United by Mon years)	IDER 1 YEAR IF UNDER 24 HRS  This Doys Hours Min
100	HARMCIST- D	KIND OF BUSINESS OR INDUSTRIAL BUSINESS	PRINCE GO	FORGES Co. Md-	CITIZEN OF WHAT COUNTRY?
13	WILLIAM SIMPSON		ELIZABE	/1//	
15. [Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	78-46-647442 MA	NFORMANT S DEROTHYE.	FALL, 642-A-	ST. N. E. D.
	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	0			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	gargerene	- right i	<u>- e g</u>	4 Weeks
	Conditions, if any, which (b) (b)	Embolus n	19hT Femi	ONAL ARTEN	y Gweens
	DUE TO	faterio sche	NOTIC HOM	T Disease	5 years
CATION	PART II. OTHER SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z
L CERTIFI	206 ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT ACCIDENT WAS UNDERLYING ACCIDENT	CRIBE HOW INJURY OCCURRE	O. (Enter noture of injury in P	art I or Part II of item 18 }	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 While of worl	Not white for	ACE OF INJURY (Home, form, tary, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceasalive an 11 30 , 19 6		19.5 8 to accurred at 2:20A	11 30 195 Aho M, fram the causes and c	it I last saw the deceased in the date stated abave.
	ACTUAL Mormon Done	( muse	M.O. 350	3) Penny 51	DATE SIGNED
	PHYSICIAN'S Nonm AND	ONAT COMEA	u MT	- PAINIER ML	
20	BURIAL, CREMATION, 226 DATE THEREOF  REMOVALY(SOPSILY)  DEC 3, 1958	WASH'N NATTO	NAL CEM.	SuiThAND Pol	GOG (Stote) Nd

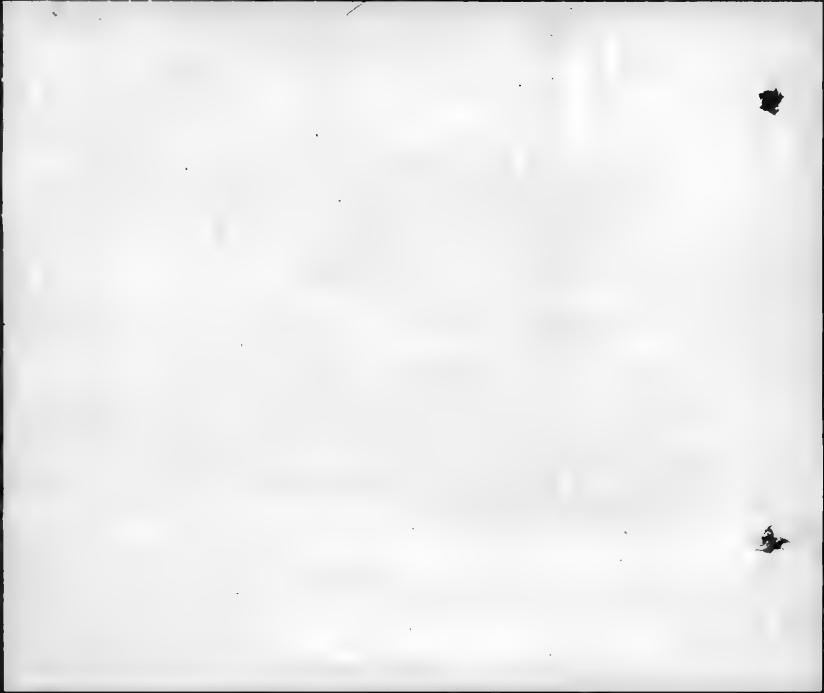
ADDRESS TEKOORD PARK

requires that the death certificate be executed within 24 hours after death? Page hospital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the factor and the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauter or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low moy be retained by the TO FUNERAL DIRECTOR. the registrar prior page 3 should be TO HOSPITAL OR

Fled with

VS A15 (4) 15M 10/57



Reg. Dist. No.

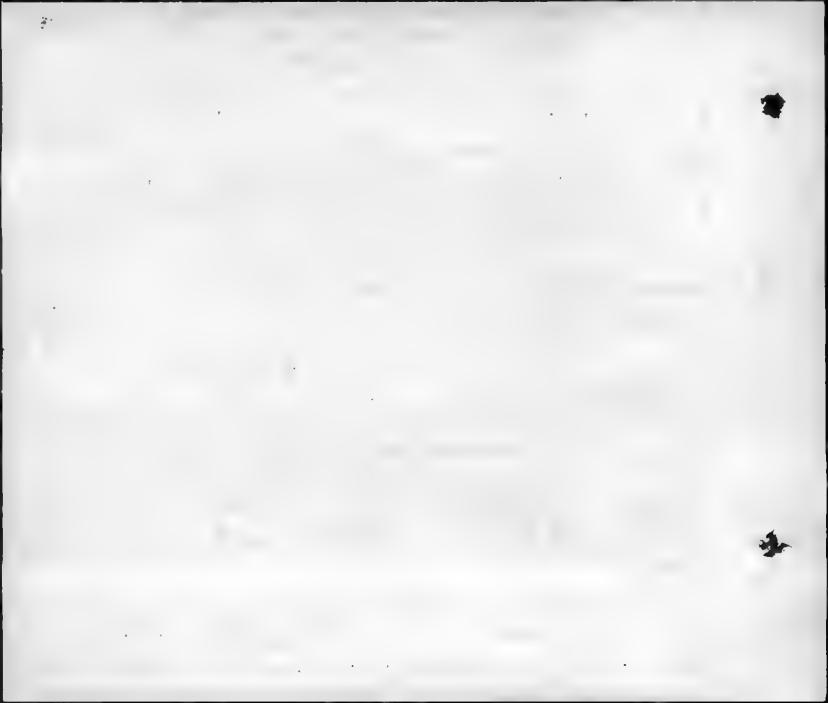
arihan S. Frank

requires that the death certificate be executed within 24 hours after death. Page 4

1. PLACE OF DEATH					2 USUAL	RESIDENCE (	Where decease	d lived. If instit		idence befor	re odmiss	ion}
a. Cookii Pr	ince Geor	ge's	M.	ARYLAND	0 514	Haryla	and	b. COUN	W Pri	ince -	deor	ge's
b. CITY OR TOWN (I	f outside carporate lim	its, write	c. LENGTH OF S	TAY IN 16	c. CIT	OR TOWN (	If autside carp	orate limits, write	RURALO	nd give nea	rest fowr	)
Hyattsvi	lle, Md.		9 month	ıs	1:4	Colle	ege Pai	rk, Md				
d. NAME OF HOSPIT	AL (If not in hospital,	give street o	ddress)		d. STI	REET ADDRESS		· · · · · · · · · · · · · · · · · · ·			e. IS RES	IDENCE FARM?
Hyattsvil	le Nursing	Home	9		910	)4 4	48th pl	lace				NO 🌁
3. NAME OF	Fi	rst	Mic	ddle		Lost	4. DATE	A	lanth	Da	7	Year
(Type or print)	J.	Fna	nk	S	Snith		OF DEATH	Nov	20,	1958		19
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MA	ARRIED 🔲	B. DATE OF	F BIRTH	L	9. AGE (In year	rs IF UN	DER TYEAR	IF UND	
male	white	WIDOWE		RCED 🗍	Aug	12, 18	876	82 y	7) Monti	hs Days	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. K	CIND OF BUSINES	S OR INDU	STRY 11, B	RTHPLACE (Sto	ote or foreign (	country)	12.	CITIZEN O	F WHAT	COUNTRY?
Reti	king life, even if retired		ailroad			Ohio			J	J S A		
13. FATHER'S NAME	2 0 0	240	ALLI Odd		14 MO1	HER'S MAIDE	N NAME					
Hon	ry C Smith	,				Mat	tilda l	Roberts				
15. WAS DECEASED EVE	O MAIN & AGMED SOL	CECO 34 C	OCIAL SECURITY	NO 17. 1	NFORMAN	7		A	ddress			
(Yes no or unknown)	(If yes, give wor or dates of	iervice) 715	18 647	'l   Vi	rgini	a Mole	es Co	ollege	Park.	Mar	vlan	d.
IIR CAINS OF DEA	ATH [Enter only one co	nue per lin	n for (a) (b) and								RVAL BE	
	TH WAS CAUSED BY:		e coul	4 -	10.	1.0	Lices	1			ET AND	
420.0	IMMEDIATE CAUSE (		7	3 44		7						
'	DUE TO	)	L		0	+ H		D				
Conditions, if a	mmediate	,	17.00	CP76	cec	, [ ]	T	41-3	<del></del> e			
cause (a), stating		>										
lying cause last.	) (	()									0 14/14	
PART II OTI	HER SIGNIFICANT COM	ADHIONS CO	ON TRIBUTING TO	DIAIH BU	NOI KELA	IED TO THE TEL	KMINAL DISEA	SE CONDITION (	GIVEN IN	PARE I(0)	PERFO	RMED?
5		lan an					1 D				YES [	ио 🗍
OR CONTRIBUTING	CAUSE OF DEATH	206 DESC	RIBE HOW INJUR	RY OCCURRE	D (Enter no	store of injury	in Part Lat Pa	rt II at ilem Ib )				
	MEDICAL EXAMINER)											
20c. TIME OF INJUR		or 20d. IN While	JURY OCCURRED  Not while			JURY (Home, fo , affice bldg.,	orm,   20f. (Cit efc.)	y or town)		(County)		(State)
Haur a.m.	19		of wark									
21. I certify th	nat Lattended the			-8-5	X 15	), to	11-20	195	B.,that	l I last so	w the	deceased
alive on	11-19	, 125	and t	hat death	occurre	d ot 10.	A.M. fro	m the cause	s and o	n the da	te stati	ed abave.
			*					Street, city ar tax				ATE SIGNED
ACTUAL SIGNATURE	1 Res	7 *	)		M.D	43	314-	GALL	ATI	IN	57.	
						, ,	,				~	
PHYSICIAN'S NAME (Type)	JARON_	DE	112,	MD		1-1	YATI	SVIL	LE	MI	2	
220. BURIAL CREMATIC		OF	22c. NAME OF	CEMETERY C	OR CREMATO	ORY	22d. LOC/	ATION (City, few	n, or coun	ty)	(Stat	e)
REMOVAL (Specify) Burial		958	Ft Lin	coln	Cerret	tery	Coln	nar Man	or. A	ld.		
23. FUNERAL DIRECTOR			ADDRESS			24o. R	EC'D BY REGIS	1		SIGNATU	RE	

Hyattsville, Md.

F. Jasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institut an Residence be are admission) a. COUNTY b COUNTPrince George's Prince George's Maryland MARYLAND b CITY OR TOWN (1) outside corporale I mill, we to #JPAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dead on arrival & Brandywine Brandvwine d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. to RESIGNAL ON A FARM 9 McKay Road . Dobsons Office YES | NO P 3. NAME OF Middle THE EASID DEATH November King Strong (Type or print) Donald 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HR lost birthday! Megths 7 Days Hours March 21. Malle White WIDOWED | DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larger country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? S. A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christine Kidd Charles Lewis Strong 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (if yes, give war or dates of service) Charles Lewis Strong, same as # 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BYTWEEN DNSET AND DEATH PART 1, DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) **DUE TO** Due to smothering in bed clothing Conditions, if any, which gave rise to immediate couse **DUE TO** (o), stoting the underlyingcouse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO VY 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH. 70b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Caught between the mattres and side of bed 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole) foctory, street, office bldg, etc.) 5 Wh'le Not white Brandywine Ma. 160 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection xx opinion death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S November 28 James I. Bovd DEPUTY MEDICAL EXAMINER 1-1 NAME (Type) 72c. NAME OF CEMETERY OR CHEMATOR 220. BUR AL CREMATION, 22b. DATE THEREOF 22d LOCATION (City, lown, or county) Arlington National " 0 Arlington Va 23. FUNERAL DIRECTOR'S S'GNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. ATSME Gasch's Sons Hvattsville Md. 5M 2, 57 DATE



# With þ death. popers. puo carban ofter ģ DIRECT ploods may be retain 5 FUNERAL ( page 3 shoul 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12850 Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince Georges b. COUNTY MARYLAND Marvland Prince Georges b CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Greenbelt Greenbalt vears d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 4-B- Ridge Road 4--B--Ridge Road YES NO NAME OF 4. DATE First Middle Month Year DECEASED (Type or print) LAWRENCE ELTJAH SULLIVAN November 26th 1958 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX B. DATE OF SIRTH 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO last\_birthday) Months Dovs January 19th. 1906 Male DIVORCED T White WIDOWED TI 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? Factory Falls Church, Va. USA Carpenter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Edgar Elijah Sullivan Carrie Ann Beach IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 577-01-4194 Mrs.Rosella Sullivan. 4-B Ridge Rd. Greenbelt, Md. No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH-PART I. DEATH WAS CAUSED BY: ereliquis Cours on 1 1070776 IMMEDIATE CAUSE (a) 1600.1 **DUE TO** allintella) Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES | NO N 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) WEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Hame, form, 20f (City or town) 20d INJURY OCCURRED Day, Year (County) (Stole) factory, street, affice bldg., etc.) Haur a.m. Not while of work at work TOCHERRY 21. I certify that I attended the deceased from Fifile Willy 19 d that I last saw the deceased and that death accurred at 6:20A M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL 11/26/58 Ridge Road. Greenbelt, Md. PHYSICIAN'S Hans Wodak NAME (Type) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Prod 1900 nil) OOT 20 8(SINO. Md. Nov.29th.1958 George Washington Cemetery Riggs Rd. Txd. Hyattsville,

246 REGISTRATES SIGNATUREMA

24a. REC'D BY REGISTRARS

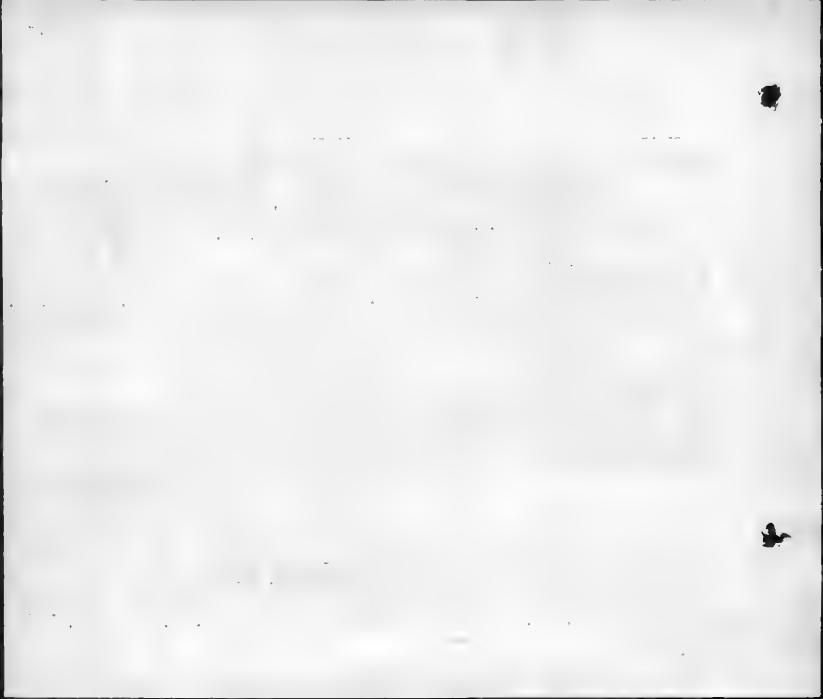
DATE

**ADDRESS** 

VS A1S (4)

23 FUNERAL DIRECTOR'S SIGNATURE

W.W. Chambers Company, Riverdale, Md.



12878

	77000		Reg. Dis	it, No.
1.	PLACE OF DEATH		leceased lived If institution Residence	ce before admission)
	O. COUNTY PRINCE (TEOPERS MARYLAN	10 O. STATE MAL	b. COUNTY P.	GEO.
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN I	16 c. CITY OR TOWN (If outside	corporate limits, write RURAL and g	give negrest town)
L	RURAL and give nearest fown)	RIVER	BALEMB	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	/	e. IS RESIDENCE ON A FARM?
L	CARROLL MANOR	5616-59 A E	E	YES NO
3.	NAME OF First Middle		DATE Month	Day Year
	(Type or print) RICHARD C.		DEATH NOV	27 1958
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED [	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthdoy) Manths	
	M WIDOWED DIVORCED	3-21-77	last birthdoy) Manths	Days Haurs Min
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	NOUSTRY 11. BIRTHPLACE (Stole or for	reign country) 12 CIT	IZEN OF WHAT COUNTRY
١.,	Related district Clerk States Company	HON ISLE OF TEX	ULF HOLLAND	USC.
13.	FATHER'S NAME	TA MOTHER'S MAIDEN NAME	11 1	
1	Kichard lanis	Anna	Mantie	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 11 no. or unknown)   (If yes, give wor or dates of service)	7. INFORMANT Z,	Address	*
1		ICSEPM TANIL	5-6614-7496H	YATTSVILLEM
-	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	1.7		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CEREBIA	4L HEMORR	HAGE	ONSET AND DEATH
	SSIX DUE TO			
	Conditions, if ony, which) ARTERIOS	CLEROSIS, G	ENERALIZED	INFAR
	gove rise to immediate		Land & Barrier L. San V. Convey St.	
1	couse (o), storing the <u>under-</u> lying couse lost.			
Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART	
¥				PERFORMED?
1FF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in Port I	or Port II of item 18 ]	
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUON CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
13	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e		Of (City or town) (C	County) (Stote)
MEDICAL	Hour o. m.  9. m.  19 of work all wark	foctory, street, office bldg., etc.)		
`	21. I certify that I attended the deceased from JAN	1 1058 10 NO	V 77 , 19 8 , that I I	last saw the decess
		eath accurred at 4150 PM		
	A Comment of the comm		ESS (Street, city or town, state)	DATE SIGNE
	SIGNATURE SQUILLY SUGAR	1 11200 K	ALLMOON DRI	VE 11-27-5
	SIGNATURE		- ATTACK TO A SEC	. ^
	NAME (Type) SAMUEL J.N. SUGAR	MT. 1	CAINIER	MA
220	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETER	RY OR CREMATORY, 22d.	LOCATION (City, fown; or county)	(State)
	REMOVAL (Specify) 1.2/1/1958 - 10-1	tenceth	my Rainier	· Mid
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY		1.0
1	The tribuil do do to Hode	2 Marie DEC	9 '58 (Instant &	Thous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 🐔

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the far page 3 shauld be of the far use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



#### \*

I

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This cert ficore should be executed within 24 hours after death. If any deloy is necessary, please execute the certification writing the word "pending" in pendin in them, 18. Give Poges 1, 2, and 3 to the funeral director. Page 1 should be forward 10 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 10. Defuneral DIRECT 12 pages 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of John, or its designated agent, prior to burial, cremation, at removal, and in any event within 32 hours after death. should be forwar

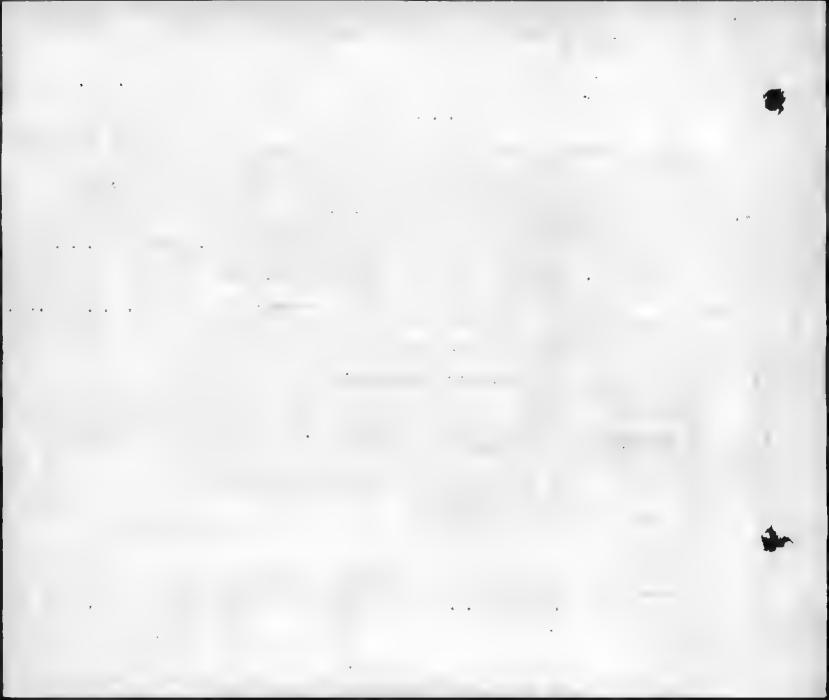
To funeral Direct

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12851 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12879

	2001			Reg. Dist. No.
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceated lived. If institution: Residence before admission)
a. COUNTY	rince Georg	ges	MARYLAND	4. STATE Maryland b. COUNTY Pr. Geo.
	outside corporate limits, write		LENGTH OF STAY IN 16	c CITY OR FOWN (If autside carparate limits, write RURAL and give nearest town)
	erdale		D.O.A.	Hwattsville
d. NAME OF HOSPITA	L OR INSTITUTION (IF	nat in hospital,	give street address)	d STREET ADDRESS
Leland Me	morial Hos	pital		5708 Ager Road YES NOY
NAME OF DECEASED	First	1	Middle	Lost 4 DATE Month Day Year
(Type or print)	Mary	Adell	Taylor	DEATH November 10, 1958
SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH 9 AGE I'M yours   IFUNDER LYEAR IF UNDER 24 HRS
Female	white	WIDOWED [	DIVORCED [	8-19-19   Months Days Hours Min.
a USUAL OCCUPATIO	N (Give kind of work d	one 10b KIND	OF BUSINESS OR INDUSTR	RY 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT COUNTRY
Housewife	ille, even if relifed)			Aberta Province, Canada U.S.A.
3. FATHER'S NAME			-	14. MOTHER'S MAIDEN NAME
William	D. Woodwa	ard		Amy Morehouse
5 WAS DECEASED EVE	R IN U. S ARMED FOR		IAL SECURITY NO 17 IN	IFORMANT Address
No. or unknown?	If yes, give wor or dates of se	BFY(CB)	H	azel Woodward; 1314 Floral St. N.W. Wash.,
18. CAUSE OF DEAT	H [Enter only one cous	e per line far fa	2), (b), and (c), )	TONTERVAL BETWEEN
1			to detect of details	ONSET AND DEATH
PART I DEATI	I WAS CAUSED BY:	75 . 75		
1	MMEDIATE CAUSE (0)	Pulmor	nary hemorrha	age
002X	MMEDIATE CAUSE (a)  DUE TO		·	
Conditions, if on	MMEDIATE CAUSE (a)  DUE TO  y, which (b) ote cause		nary hemorrha	
Conditions, if an gove rise to immedia, stoling the w	MMEDIATE CAUSE (o)  DUE TO  y, which (b) ote cause		·	
Conditions, if an gave rise to immedia, stoling the uncounter last.	MMEDIATE CAUSE (o)  DUE TO  y, which ote cause nderlying DUE TO  (c)	Pulmor	nary tubercul	losis
Conditions, if an gave rise to immedia, stoling the uncounter last.	DUE TO  y, which ote cause anderlying DUE TO  (c)_  ER SIGNIFICANT COND	Pulmor	nary tubercul	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
Conditions, if an gave rise to immedia, stoling the uncounter last.	DUE TO y, which ofe cause of the limit of th	Pulmor	nary tubercu	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
Conditions, if an gave rise to immedia, stoling the uncounter last.	DUE TO  y, which lote cause aderlying DUE TO  ER SIGNIFICANT COND  Cof the 1:	Pulmor	nary tubercu	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
Conditions, if on gove rise to immedite, stoling the u coute lost.  PART II OTHI CITCOSI 10 10 10 10 10 10 10 10 10 10 10 10 10 1	DUE TO  y, which ofe cause (b)  pote to	Pulmor	BUTING TO DEATH BUT N Chronic paner	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO  niter nature of injury in Part I at Part II of Item 18 )
Conditions, if on gove rise to immedi (e), stoling the u couse lost.  PART II OTHI CITCOSI 100 EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	DUE TO  y, which ofe cause (b)  pote to	Pulmor  DITIONS CONTR  IVET  DESCRIBE HOT  20d INJUR	BUTING TO DEATH BUT NO CHARGE (FACTOR OCCURRED [200 PLACE)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO   Noter nature of injury in Part I at Part II of item 18 )  TO FINJURY (Home, form, 120f (City or tawn) (Caunty) (State)
Conditions, if on gove rise to immedite, stoling the u coute lost.  PART II OTHI CITCOSI 10 10 10 10 10 10 10 10 10 10 10 10 10 1	DUE TO  y, which ofe cause (b)  pote to	Pulmor  iver  DESCRIBE HOW  20d INJUR  While	BUTING TO DEATH BUT IN Chronic paner	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO  noter nature of injury in Part I at Part II of Item 18 )
Conditions, if on gove rise to immedi (a), stoling the uncouse lost.  PART II OTHI CITCLOSI 100. EXTERNAL CAUPRIMARY Or CONSE OF DEATH.  20c. TIME OF INJURY Hour d. m. p. m.	DUE TO y, which ote cause (b) DUE TO y, which ote cause nderlying  ER SIGNIFICANT COND SE WAS TRIBUTING []  Manth, Doy, Year	Pulmor  iver  DESCRIBE HOW  While of work	BUTING TO DEATH BUT N. Chronic panel W INJURY OCCURRED (Er. Not white of work	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO   Noter nature of injury in Part I at Part II of item 18 )  TO FINJURY (Home, form, 120f (City or tawn) (Caunty) (State)
Conditions, if on gove rise to immedite the course lost.  PART II OTHE CITCHOST PRIMARY II or CON CAUSE OF DEATH.  20c. TIME OF INJURY HOUR a.m. p. m.  21. I certify the	DUE TO  y, which ofe cause nderlying DUE TO  (c)_ ER SIGNIFICANT COND  SE WAS TRIBUTING C  (Manth, Day, Year  19	Pulmor  iver  DESCRIBE HOW  While of work	BUTING TO DEATH BUT N. Chronic panel W INJURY OCCURRED (Er. Not white of work	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO  THE nature of injury in Part I at Part II of item 18 )  THE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) irry, street, affice bldg., etc.)
Conditions, if on gove rise to immedite the course lost.  PART II OTHE CITCHOST PRIMARY II or CON CAUSE OF DEATH.  20c. TIME OF INJURY HOUR a.m. p. m.  21. I certify the	DUE TO  y, which ofe cause nderlying DUE TO  (c)_ ER SIGNIFICANT COND  SE WAS TRIBUTING C  (Manth, Day, Year  19	Pulmor  iver  DESCRIBE HOW  While of work	BUTING TO DEATH BUT N. Chronic paner W INJURY OCCURRED (FOR MOTE white of work of work of the colors described oboy	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO   nter nature of injury in Part I at Part II of item 18 )  CE OF INJURY (Hame, form. 20f (City or town) (Caunty) (State) irry, street, office bldg., etc.)
Conditions, if on gove rise to immedite, stoling the uncounterfost.  PART II OTHI CITCHOS COLLEGE OF DEATH.  20c. TIME OF INJURY Houre a.m. p.m.  21. I certify the opinion death reactual	DUE TO  y, which ofe cause nderlying DUE TO  (c)_ ER SIGNIFICANT COND  SE WAS TRIBUTING C  (Manth, Day, Year  19	Pulmor  iver  DESCRIBE HOW  While of work	BUTING TO DEATH BUT N. Chronic paner W INJURY OCCURRED (FOR MOTE white of work of work of the colors described oboy	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES NO  THE nature of injury in Part I at Part II of item 18 )  THE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) irry, street, affice bldg., etc.)
Conditions, if on gove rise to immedi (a), stoling the uncouse lost.  PART II OTHI Circhosi US CONTROL CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. 21. 1 certify the opinion death r	DUE TO  y, which ofe cause nderlying DUE TO  (c)_ ER SIGNIFICANT COND  SE WAS TRIBUTING C  (Manth, Day, Year  19	Pulmor  iver  DESCRIBE HOW  While of work	BUTING TO DEATH BUT N. Chronic paner W INJURY OCCURRED (FOR MOTE white of work of work of the colors described oboy	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO  Their nature of injury in Part I at Part II of item 18 )  THE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) Try, street, office bidg., etc.)  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )  The option of the part I at Part II of item 18 )
Conditions, if on gove rise to immedite, stoling the u course fost.  PART II OTHI GIPCHOSI JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	DUE TO  y, which offe cause of the 1-  ER SIGNIFICANT COND  SE WAS TRIBUTING []  Manth, Day, Year  19  of I look charge esuited from: N	Pulmor  Pulmor  iver  Describe How  While of work  of the remoletural couss	BUTING TO DEATH BUT N. Chronic paner W INJURY OCCURRED (For factor) Or while of work Dins described oboves [2]. Accident	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO  niter nature of injury in Part I at Part II of item 18 )  CE OF INJURY (Home, form, 20t (City or town) (Caunty) (State) ITY, street, affice bldg., etc.)  Ve, held an Autopsy , Inspection , Inquiry , and in my , Suicide , Hamicide , Undetermined monner   ASSISTANT MEDICAL EXAMINER   DATE SIGNED
Conditions, if on gove rise to immedia, stoling the use use tost.  PART II OTHIC CITCHOST CONCAUSE OF DEATH.  20c. EXTERNAL CAUPRIMARY or CONCAUSE OF DEATH.  21. I certify the opinion death resident cause of insure the contact of t	DUE TO  y, which offe cause (a)  put TO  y, which offe cause (b)  offe cause of the 1-  SE WAS  TRIBUTING []  Manth, Day, Year  19  of I look charge esuited from: N  John T. Ma.	Pulmor  iver  DESCRIBE HOW  While of work in  of the remodetural course  lotural course  lotural course  Make the course  lotural course  Make the course  lotural course  lotural course  lotural course	BUTING TO DEATH BUT IN Chronic paner W INJURY OCCURRED (Er OCCURRED   20e PLAC Not while of work   Dins described oboves   Accident	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES PERFORMED?  YES NO   NO   OTHER NOTICE OF INJURY (Home, form, 20f (City or town) (Caunty) (State)  Inv. street, office bldg., etc.)  NO   OTHER MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   NOVEMBER 10, 1958
Conditions, if on gove rise to immedite, stoling the uncountered to the countered to the co	DUE TO  y, which offe cause (b)  pote to (b)  cote cause of the 1-  Ex SIGNIFICANT COND  For the 1-  SE WAS  TRIBUTING []  Manth, Day, Year  19  pot I took charge esuited from: N  John T. Main  122b DATE THEREOR	Pulmor  iver  DESCRIBE HOW  While of work   toturol coust  loney M.  22c.	BUTING TO DEATH BUT IN Chronic paner  WINJURY OCCURRED (FOR FORCE)  Not while of work   200 PLAC force  Procedured oboves   Accident   200 PLAC force  NAME OF CEMETERY OF COMMERCE OF CEMETERY OF CEM	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES PERFORMED?  YES NO   Normal Norma
Conditions, if on gove rise to immedial, stoling the useous tost.  PART II OTHIC CITCHOST CONCAUSE OF DEATH.  20c. EXTERNAL CAUPRIMARY Dor CONCAUSE OF DEATH.  21. I certify the opinion death resident caupal signature.  EXAMINER'S NAME (Type)	DUE TO  y, which offe cause (a)  y, which offe cause (b)  put TO  y, which offe cause (b)  put TO  (c)  ER SIGNIFICANT COND  SE WAS  TRIBUTING []  Manth, Day, Year  19  put I look charge esuited from: N  John T. Ma.  122b DATE THEREOF  Nov 13,	Pulmor  iver  DESCRIBE HOW  While of work   toturol coust  loney M.  22c.	BUTING TO DEATH BUT IN Chronic paner W INJURY OCCURRED (Er OCCURRED   20e PLAC Not while of work   Dins described oboves   Accident	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED?  YES PERFORMED?  YES NO   No  Noter nature of injury in Part I at Part II of item 18 )  The OF INJURY (Home, form, 20f (City or town) (Caunty) (State) (State)  IT, street, office bldg., etc.)  Nove, held an Autopsy I, Inspection I, Inquiry I, and in my I, Suicide I, Hamicide I. Undetermined monner I  ASSISTANT MEDICAL EXAMINER INDEPLOY MOVEMBER 10, 1958  CREMATORY 22d LOCATION (City, town, or county) (State)



# FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12889 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12880

					Reg. Dist. No.
1. PLACE OF DEATH	manual in manual and discounted of the	172	2. USUAL RESIDENCE (Where	deceased lived. If institution	n. Residence before admission)
	Prince Georges	MARYLAND	o. STATE Marvlar	b. COUNTY	Pr. Geo.
b CITY OR TOWN (**	autoide corporate limits, write BuRAL	C. LENGTH OF STAY IN 16	The same of the sa	de corporate I mits, write RU	
_	Bowie		Bowie		
d NAME OF HOSPIT	AL OR NSTITUTION ( final in he	spital, give street address)	d STREET ADDRESS	***	e s RESIDEN
	th Street		th Str	reet_	YES NO
3, NAME OF DECEASED	First	Middle	Lost 4. D.		Day Year
(Type or print) 5. SEX	6 COLOR OF FACE 7 MARR	Elizabeth	DATE OF BIRTH	9 AGE in year	UNDER TYLAN IF UNDER 24 HAS
Female	colored wipowi	25	3⇔18-21	Book brooth day b	onths Doys Hours Min.
100 JSUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUS NESS OR INDUST			12 CITIZEN OF WHAT COUNTRY
Domest	ng life, even if refired)		Maryland		U-S-A-
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Loui	e Process		Moses T	land	
15. WAS DECEASED LY	ER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17. H	MATY V	VOOC Address	-
No No	(If you give wat or dates of service)		us Taylor; San	e address as	# 2.
18 CAUSE OF DEA	TH [Enter only one couse per line	for (o), (b), and (c) ]		7.1	INTERVAL BETWEENS
PART I DEAT	TH WAS CAUSED BY:	Hemorrhage and	i choole		ONSET AND DEATH
1 7	DUE TO	HERIOTALING - MIL	I_SHOCK	where the second section w	
Canditions, if a		Shotgun wound	of head		
gave rise to immed	diale couse	many the same and an administrative of the same and administrative of th			-
(a), slating the course lost.	underlying (c)				
Z PART II, OTH	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
PART II, OTH		* ************************************			PERFORMED?
20g. EXTERNAL CAL	JSE WAS 206 DESCRIE	TE HOW INJURY OCCURRED (E	nter noture of injury in Port I or I	Port II of Hem 18.1	YES NO
PRIMARY OF COL	NIKIBUTING LI				
1 7 4	Gu	INJURY OCCURRED 200. PLACE	head caused	City of lower	(County) (Stafe)
Hour TOE	Whil	le Not while tools	ory, street, office bidg , etc )	_	
- X-142	11_15_ 1958 of w			owie Pr.	Gee Md.
				-	nquiry 🐧, and in my
opinian death	resulted fram: Natural	causes [_]. Accident [	, Suicide, Hami	cide 🔀, Undetermi	ned manner
ACTUAL SIGNATURE	An J Mal	Brus	_ M.D. CHIEF MEDICAL EXAMINI	EX 🗍	DATE SIGNED
EXAMINER'S		1	ASSISTANT MEDICAL EXA	MINER [	
NAME (Type)	John T. Maloney,	M.D.	DEPUTY MEDICAL EXAMI	NER (X) 11-16-	-58
220 SURTAL CREMATIO	N 7276 DATE THEREOF	CHANGE OF CEMETERY OF	CREMATORY 722	LOCATION (City, town, or co	(State)
23 ABNERAL DIRECTOR	& SIGNATURE A	ADDRESS	1240. REC'D BY R	EGISTRAR 246 REGISTRA	P'S SIGNATURE
Henry S	Washingter	2 467 Nx	HNOV 2	0 '58 Cont	8. Kraus

TO DEPUTY MEDICAL EXAMINER: This mertificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" is pendil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward 2 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your 10 FUNERAL DIRECT. The pages 1 and 2 with the State Board a solid, are its designated agent, prior to burial, cremation, ar remaral, and in any event within 72 hours after death. V\$ A15ME 5M 2, 57



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12852 Reg, Dist. No. emation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence-before admission) o. COUNTY o. STATE b. COUNTY / MARYLAND c. CITY OR TOWN (If puside corporate limits, write SURAL androve nearest town) b. CITY OR TOWN III outsidescorposofe limits, with ALEAL c. LENGTH OF STAY IN 16 0 director. R. IS RESIDENCE d. STREET ADDRESS d\_PIAME OF HOSPITAL-OR INSTITUTION (If-not in hospital, give street address) ON A FARM? YES NO NAME OF DATE Middle Month Year DECEASED DEATH (Type or print) 1257 9. AGE |In years FUNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED | 8. DATE OF WIRTH lost birthday) Months Min lained Days WIDOWED [ DIVORCED [ YIE. 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S Own home pup å SMALAN 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME moy Page 5 r WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a)...(b), ond (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 442X DUE TO Conditions, if ony, which gove rise to immediate cause DUF TO (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY õ PERFORMED? 0 NO S 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find that death resulted fram: Natural causes NC Accident , Suicide , Hamicide , Undetermined cause MEDICAL DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER cute the certific forwarded to the FUNERAL DIR ASSISTANT MEDICAL EXAMINER EXAMMEN DEPUTY MEDICAL EXAMINER FOR NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY ORCHEMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Bowie, Md. Nov 11, 1958 0 Ascension Church of Burial **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. ALSME[S] F. Gasch's Sons DATE (0V 1 4 '58 Hyattsville Md. SM 9/55 L. Turacia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

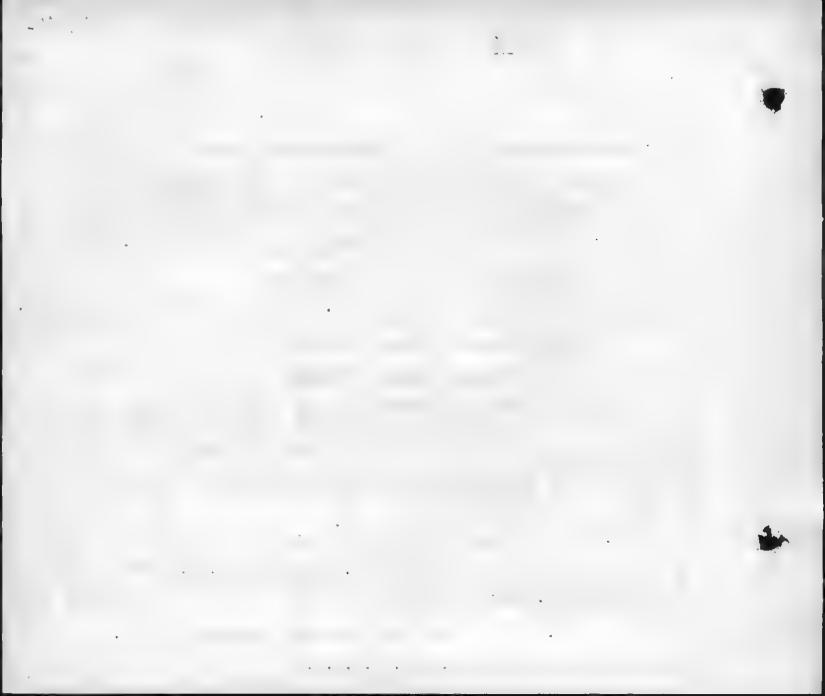


	1,2	804	CERT	IFICA	TE OF D	DEATH	1		Reg. Dis	t, No.		
1. PLACE OF DEATH 0. COUNTY PTING 0	leorges		MAR	rland	2. USUAL RESII a. STATE Hyatti	DENCE (WE	ere decease	b COUNTY	on Residence	e before	odmission) orges	)
b CITY OR TOWN () RURAL and give no Hyattsvil	f outside corporate lim arest town)	ets, write	c. LENGTH OF STAY	11		own (If a		erote limits, write R	URAL ond g	jive near	est lown)	
OR INSTITUTION	AL (If not in hospitol, ockton La		address)		/ d STREET A		ton	Lane		e	ON A FA	RM?
3. NAME OF DECEASED (Type or print)	James	rst	Middle <b>T</b>		wnsend		4 DATE OF DEATH	Novem		L8,	1958	
Male Male	6. COLOR OR RACE	7 MARI	DIVORCE	(	April		871	9. AGE (In years last birthday) 87 yrs		Doys	Hours	Min
Retir	ling_lite, even it retired	done 10b.	KIND OF BUSINESS C	OR INDUST		ACE (Stote yland		ountry)		S.	WHAT CO	TIMU
13 FATHER'S NAME Jame	s Towens	end			14 MOTHER'S	MAIDEN N						
15 WAS DECEASED EVER (YES, NO OF UNKNOWN)	R IN U.S. ARMED FOI (If yes, give wor or doles of	RCES? 16.	SOCIAL SECURITY NO		is H.	Boss	661	1 Stock		Lane	з Нуа	tt
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	Cor	ne for (o), (b), and (c)	•	on, Ac	cute				ONSE	EVAL BETWEET AND DE	EEN
Conditions, if or gove rise to it couse (a), stoling lying couse last  PART II. OTH	the under-	Vase	erioscler cular Dis	ease	}		NAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUT	TOPSI
O (IF EITHER NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	C YAULUI WOH 38197	CCURRED.	(Enter noture o	f injury in I	Port I or Por	t II of item 18.)			PERFORMI YES N	10 <b>X</b>
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while of work	20e. PLAC facto	E OF INJURY (I	Home, form bldg , etc.	20f. (City	or lown)	{C	ounty)		(State
21. I certify the alive an NOV	at I attended the	deceas , 1951		,	occurred al.	6:30	PM, from	8 19 5 In the causes of treet, city or town, St. N.E.	ind an th	e date	e slated DATE	aba:
	obert R.				THE REST TOP THE PER 197 -					ov.	18,	19
220 BLRIAL CREMATO REMOVAL (Specify) Burial	Nov.	21 5					Was	hington	D. (	3.	(Stote)	
23. FUNERAL DIRECTOR:  Deal Fun	eral Home	e 48:	ADDRESS	re. N	.W.D.C		V 2 4 5		STRAR'S SIG	NATURE		

director, led with Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR—After this certificate has been signed by the attending physician and completely filled in by the five page 3 should be defected for use as the burial-transit permit. Then please remove carban papers Rages 1 and 2 should the registrar priar to but all, crematian, ar removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 10/57





Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A ARM? YES NO Month Year Day 19 5 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Doys yrs. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? UCHHNAN Address Carroll Mans Darm INTERVAL BETWEEN 7 WALKE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (Stote) 1958 that I lost saw the deceased and that death accurred at 11 AM, from the causes and an the date stated above. ADORESS (Street, city or lown, stote)

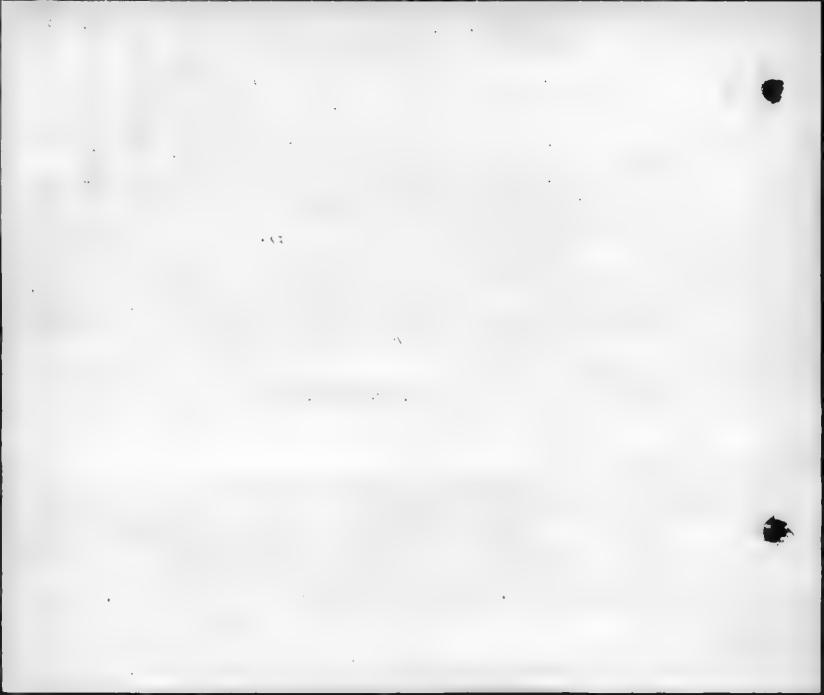
C'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

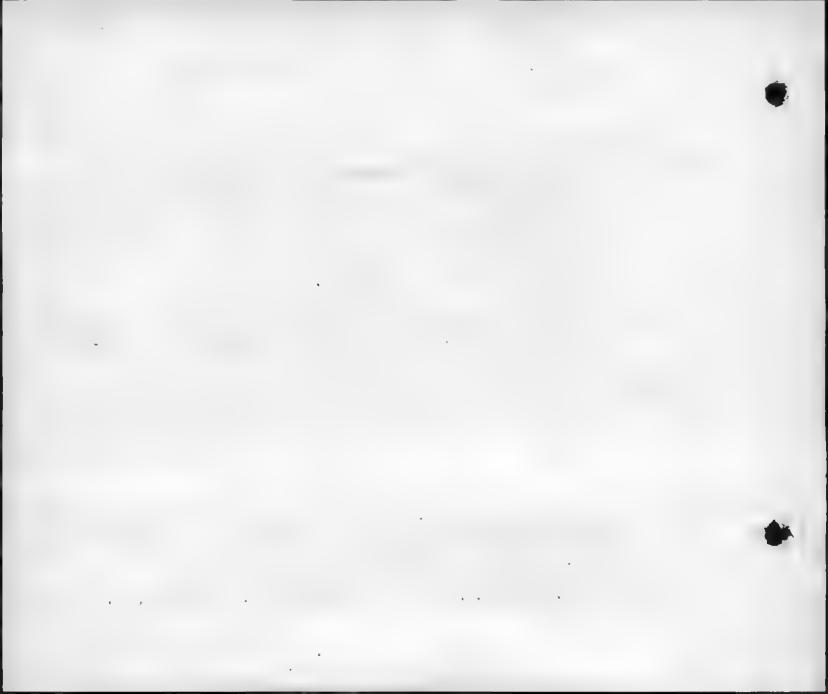


ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMO	DRE, 18
2890	CERTIFICATE	OF	DEATH	

12886

Reg. Dist. No.

			Keā	. DISC. 140,
o. COUNTY Prince	George's M.		(Where deceased lived. If institution Res ryland b. COUNTY Pri	ince George's
b. CITY OR TOWN (if outside corporate RURAL and give nearest fown) Palmer Park, Ma			I (If outside corporate limits, write RURAL of almer Park. Md.	and give nearest town)
d. NAME OF HOSPITAL (If not in he OR INSTITUTION		d. STREET ADDRES		e. IS RESIDENCE
8212 Sherrill	St	8	202 Sherrill St	ON A FARM? YES NO 📉
	arles Harvey	Watkins tool	4. DATE Month OF DEATH NOVER	MBER 19, 19 58
5. SEX 6 COLOR OF White	RACE 7. MARRIED NEVER MA	RRIED 8. DATE OF BIRTH  RCED 7/17/31	9. AGE (In years IF UN lost birthdoy) Mont	
100. USUAL OCCUPATION (Give kind of during mast of working life, even if Pressman	retired) Printing		State or foreign country) Ston D. C.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Charl	es W Watkins	Elsie N	M Sherry	
15 WAS DECEASED EVER IN U. 5 ARM (Yes, no or unknown)   (If yes, give wor or	ED FORCES? 16. SOCIAL SECURITY		Address	
yes		Audrey Watki	ins Palmer Park, M	d.
PART I. DEATH WAS CAUS IMMEDIATE C. 193.0  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause last.	DUE TO  (b)  DUE TO  (c)	nant (Brain	tumor	INTERVAL BETWEEN ONSET AND DEATH
ICAT			ERMINAL DISEASE CONDITION GIVEN IN	PART I(6) IF WAS AUTOPSY PERFORMED? YES NO
	DEATH INER) 206. DESCRIBE HOW INJUR	Y OCCURRED (Enter nature of injury	y in Part I ar Part II of item 18.)	
Oc. TIME OF INJURY Month, D. Hour o. m. p. m.	y, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f. (City or town) , etc.)	(County) (State)
21. I certify that I attended alive an Nov 18, ACTUAL SIGNATURE	d the deceased from Se 1959, and the	pt 7, 1957ia nat death accurred at 2	MOV 19, 1958 that AMA, from the causes and a ADDRESS (Sireet, city or town, state) November 19, 1958	t I last saw the deceased in the date stated above. DATE SIGNED
PHYSICIAN'S WILLIAM D.	ROSSON,M.D.	5304 Annapo	lis rd. Bladenburgh	_ Md
Po. SURIAL CREMATION, 226. DATE BUTIAL Specify Nov 21		emetery or crematory	Arlington Virg	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Gasch's 50	ADDRESS	210	REC'D BY REGISTRAR 246. REGISTRAR'S	



VS ATS (4) 15M 9/SS

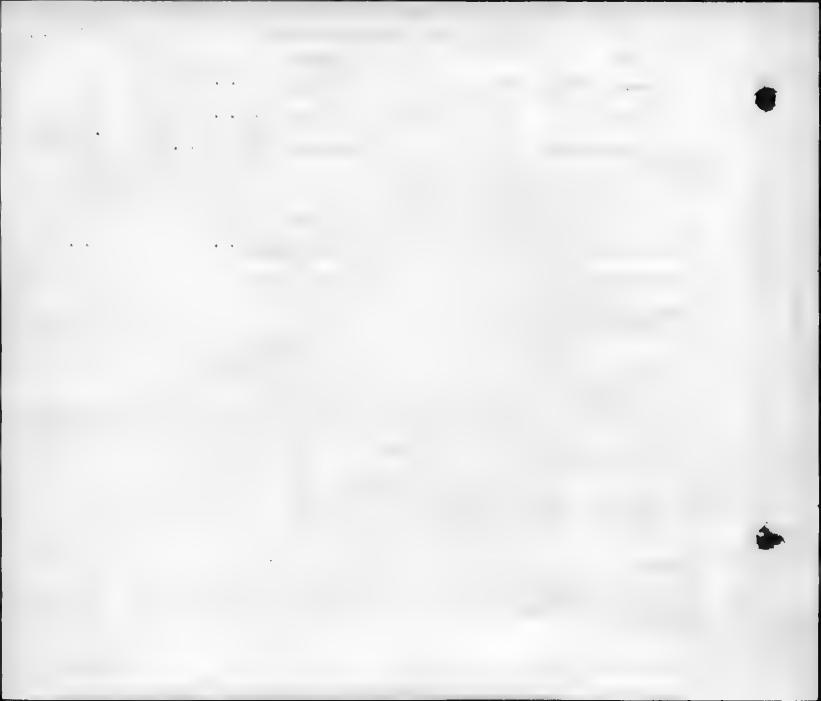
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12887

12867 CERTIFICATE OF DEATH

Rea. Dist. No.

-1-	2000			Keg. Dis	7, No.
Ī	PLACE OF DEATH O COUNTY	MARYLAND		deceased fived. If institutions Residence b. COUNTY	te before admission)
1	b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest fown)	F STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and g	ive nearest town)
		nths	WASHENGTE	Next DxC SILVER SP	RING 2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS 1 6	08 Eastewest Hg	Wy ON A FARM?
	CARROLL MANOR			STERRESCRICE.	YES NO DE
3	NAME OF DECEASED (Type or print)	Middle	watt	DEATH WOV	Doy Year 3 195 X
1	6. COLOR OR RACE 7. MARRIED NEVER	MARRIED	Sept. 19.1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Doys Hours Min.
Ī	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INESS OR INDU	STRY 11. BIRTHPLACE (State or	fareign country) 12. CITI	ZEN OF WHAT COUNTRY?
	HOUSEWIFE		WASHINGTO	N. D.C.	U.S.A.
ľ	3. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
L	WILLIAM BOARMAN		AMANDA H	MEDNS DEAKTNS	
M	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECUR	RITY NO 17. II	NFORMANT ,	Address	cl Sb. md
4	_ NO	m	us gessie M. Mu	llu 1608 East-Wat	Harry.
F	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b),	ond (c).]			INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED BY.	nama	of The	Anopula mit	ONSET AND DEATH
ı	IMMEDIATE CAUSE (a)	***		7.000	27 110ALC
ı	Conditions, if any, which) Laster - With melastases 290ars				
ı	gove rise to immediate				
	couse (o), storing the <u>under</u> :  lying couse lost.				
1		TO DEATH BUT	NOT DELATED TO THE TERMINA	AL DISEASE CONDITION COURS IN BURN	TILLIA MAS AUTOROV
		TO DEATH SOI	TO RECALLS TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART	PERFORMED?
		IJURY OCCURRE	) (Enter noture of injury in Par	rt I or Part II of item 18 )	,
	20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCUR!  Haur o. m.  p. m.  19 at work at work	e foc	CE OF INJURY (Home, form, lary, street, affice bldg , etc.)	20f (City or town) (C	ounty) (State)
ľ	21. I certify that I attended the deceased from	FAM	19/25/10 //	7-3 195 (that I I	ast saw the deceased
ı	alive on 1272, and	d that death		M, fram the causes and an th	e date stated above.
	ACTUAL SIGNATURE (M. / illey	-, Jh.	401.n	ODRESS (Street, city orgrown, state)	W 11-3-58
	PHYSICIAN'S NAME (Type)		was	L. 16 DC.	
2	Burel 11-6-58 aren	of GEMETERY OF	timel Cem	arling wy	Biggs,
2	3 FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	6,4/64	ti. N.Co . 240. REC'D I	BY REGISTRAR'S SIG	NATURE
Ŀ	Trances Collins 3821-14. Th	or Mu	). DATE NOV	5 '58 arthur g	Kame
		/			



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12854

**CERTIFICATE OF DEATH** 

12888 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Drince Geo	onge		MARYL	AND	o. STATE	DENCE (Wh		FOUNTY		ce before o	idm ssion)	
Г	b CITY OR TOWN (If a RURAL and give near	utside corporate fimi est town)	is, write	c LENGTH OF STAY I	1			utside corpo	rote limits, write R		ive neares	t town)	
$\perp$	Cheverly			lo days		14 Coll		ark					
	OR INSTITUTION	(If not in hospital, g	ive street	oddress)		d. STREET A	ADDRESS				e, I	S RESIDENCE	
П	Prince Geo	orge Gener	٦٩٠			F020	Quebe	ec St				ES NO T	
3.	NAME OF	Fu		Middle		Los		4. DATE	Mon	ni.	Day	Year	
	(Type or print)		igene	Jose	ph		ber	OF DEATH		של כו לנוג ב יווי	25	19 58	3
5	SEX 6	COLOR OR RACE	7 MARR	IED NEVER MARRIE	рΠΙ	DATE OF BIRT	Н		9 AGE (In years	IF UNDER	YEAR IF	UNDER 24 HR	25
L	Male	White	WIDOWE	DIVORCED		3-3-0	apt.		lost birthdoy) 55 yrs	Months	Days H	ours Min	
10	o USUAL OCCUPATION during most of working	(Give kind of work of life, even if relired					LACE (Stote o	or foreign co	ountry)	12. CIT	ZEN OF V	VHAT COUNT	TRY?
$v_{\rm r}$	dnance sup		t Na	ival Gun Fa	acto	ry Mic	chigar	n .			IJ.	S. A.	
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME					
ı	Eugene	Edward We	eber			Mary	y Crin	nmin					
15.	. WAS DECEASED EVER I	N U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	IFORMANT			Add	ress ~ "	-		-
L		20 to 19	25		Ha	azel M.	Teher	, Wife	5000	) Ollop	Loge Ac St	Park,	Mo
-	18. CAUSE OF DEATH	Enter only one co	use per lir	e for (a), (b), and (c).]							INTERV	AL BETWEEN	
		WAS CAUSED BY:	7	1							ONSET	AND DEATH	
	2001	AMEDIATE CAUSE (o		maphotoar	CAR					<del></del>	-	yr_	
		DUE TO		/							6		
	Conditions, if ony,												
	couse (o), stating the												
	lying couse lost.	} (c	)										
18	PARY II OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	E CONDITION GIV	EN IN PART	1(0) 19 \	VAS ALTOPS	Y
CATION											1	ERFORMED?	7
CERTIFIC	200 ACCIDENT WAS I OR CONTRIBUTING E (IF EITHER, NOTIFY ME	UNDERLYING [] CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED	(Enter noture o	Finjury in Po	ort I or Port	11 of ilem 18.)				J
			1		20 00 1			T					
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	молп, роу, гес 19	While	Not while	foct	CE OF INJURY ( lory, street, office	Home, form, b bldg., etc.)	20f (City	or town)	{C	ounty)	(Stot	•)
		1 1 1.0			; FL	4.		7 / 3	,,,,	,			
	21. I certify that	7 -1 10							19 15				
	alive on 1125	= 20	, 19	, and that	death	occurred at	8.15P	_M, fran	the causes o	ind an th	e date :	stated abo	ıve.
	1/1	.19	113			5.1		DORESS (SI	reet, city or town,	slolej	. ,	DATE SIG	NED
1	SIGNATURE /	_alot 1	PU,	nenu	N	10 14	31 (N	UEEN	SCHAI	DEL	Red	1./	
	Daniel Carlos and a			-	~							1/26	17
L	PHYSICIAN'S NAME (Type) Dr	· Rongld	S. F	Leisher		[1]	7 A	775 V	LLE IY	3/		17	19
220	BURIAL CREMATION,	226 DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	/	22d. LOCAT	ION (City, town, o	or county)		(Stote)	
I	REMOVAL (Specify)	Nov 29,	1958	Mt Olive	t Ce	emetery			ington I				
23.	FUNERAL DIRECTOR'S S	GNATURE		ADDRESS			240. REC'D	BY REGIST	RAR 24b REGIS	TRAR'S SIG	NATURE		_
	F. Gasch	's Sons	Нуа	attsville,	Md.		DATE 18	0V 2 R	58	1 71. 11 8	A	*	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12889 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAZ Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liyed If institut og Residence before adm spagi o. COUNTY b. COUNTY/ MARYLAND b CITY OF TOWN I c LENGTH OF STAY IN 16 CITY OR TOWN (If gul) de corporate limits, Arite ALRAL and give nearest (371) OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS IS RESIDENCE ON A FARM? YES IN NO! NAME OF Year DECEASED DEATH (Type or print) 19 4 5. SEX 6 COLOR OR RACE AGE (In yange 7. MARRIEN X NEVER MARRIED B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? armen 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT [If yes, give war or dates of service] olang with a clang with the sit permit. It condinates 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Office DUE TO 50 X Conditions, if any, which gave rise to immediate cause **DUE TO** (o), staling the underlying cours lost. PART II. OTHER SIGN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NO [ 200. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Post I or Port II of item 18 ) 20c. TIME OF INJURY Month, Day, Year PLACE OF INJURY (Home, form, 120f City of town) 20d/ INJURY OCCURRED 20e (County) (Stote) factory, street, office bldg, etc.) of work of work 21. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection X Inquiry and in my opinion death resulted from: Natural causes . Accident N. Suicide Homicide ... Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER M.D SIGNATURE **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TO 22 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town or county) -REMOYAL (Specify) 0 24 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE ATSME



12891

CERTIFICATE OF DEATH

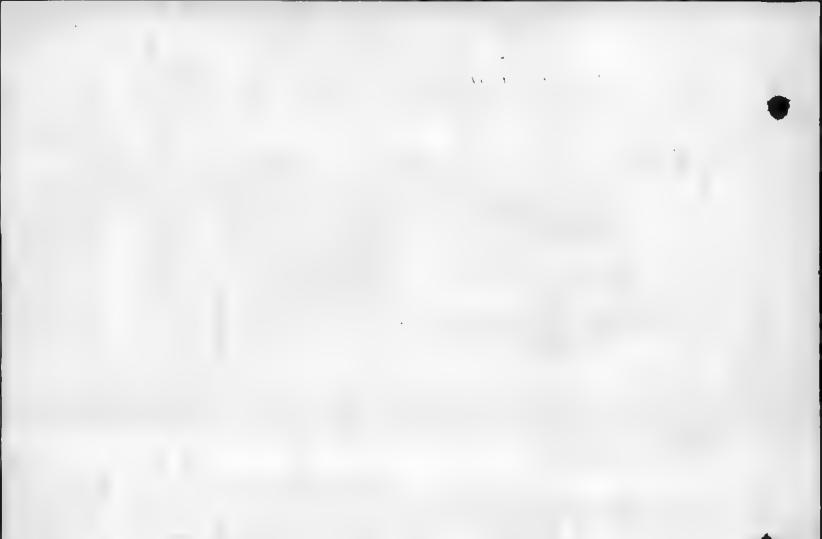
12890

1		Keg. Dist	. No.			
	O COUNTY TALKET BUT HE WAS ALLE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence	before admission)			
1	b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b	WASHINGTON D.C.				
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	re neorest 10wn)			
j	ANTHENS ATE FORCE BASE D. O. A.	14432 E St. SE	4',			
ı	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE			
1	OR INSTITUTION 4.4.32 E. ST. / B.E. DI : DITT I	WASHINGTON D.C.	YES NO			
			1 .cs CT HO CET			
	J. NAME OF First Middle	Lori 4. DATE Month	Day Year			
	(Type or print) LEONDRAS h	HITELOW DEATH NOV	29 1955			
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.			
	MEGROID WIDOWED DIVORCED	17 SEPT 58   lost birthdoy   Months   7	2 Hours Min.			
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if settred)		EN OF WHAT COUNTRY			
	coving most or working me, went it sented)	USAF HOSP-ANDREWS.	u.s			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	1					
ı	ALONZO WHITELOW	GLORIA HELEN CABITT				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. I	NFORMANT Address				
	MO	ALONZO WHITELOW-FATHE	F-V2			
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).)		INTERVAL BETWEEN			
ì	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH			
	IMMEDIATE CAUSE (0) Days James					
	DUE TO	1	1			
-	Conditions, if ony, which) (b) Tostaluleril		2003days			
	gove rise to immediate (					
1	couse (o), stoling the under-					
	lying couse lost (c)		1			
	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?			
1	[8]		YES NO			
	200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of item 18.)				
	OR CONTRIBUTING CAUSE OF DEATH					
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Roll For the p.m. 19 of work of work of work	ACE OF INJURY (Home, form, 20f (City or town) (Coctory, street, office bldg , etc.)	ounty) (State)			
	p. m. 19 of work of of work					
	21. I certify that I attended the desposed from 29 No	V. 1958, to D. O: A: 19 that I lo	ast saw the deceaser			
1	olive an 13 0 - A 1/19 1, and that death	occurred at 1130 AM, from the causes and on the				
		ADDRESS (Street, city or town, state)	DATE SIGNED			
	ACTUAL SIGNATURE SIGNATURE	M.D. USAF Hospital Andrews	29 Nov 58			
	SIGNATURE	W.D. DOUT HOSPITOST VIGITAMS	2.7 NOV 30			
	PHYSICIAN'S ARTHUR J. DETKMAN	Andrews AV Dage Unablantan C	E D O			
	NAME (Type) ARTITION O. DESTRETAN	Andrews AF Base, Washington 2	), D. C.			
	220 BURIAL CREMATION, 226 DATE THEREOF 220 MAME OF CEMETERY O	R CREMATORY 22d JOCATION (City, town or county)	(Stote)			
	REMOVAL (Specify) 12/4/58 (Minaton)	national allenation ()	a Waria)			
	23 PUNERAL DIRECTOR'S SIGNATURE // ADDRESS //	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	wille.			
	( L. 10.10	240 REC D BY REGISTRAK 2 748 REGISTRAK'S SIGN				
	Hanson & Haller 4804 &	Ware DATE DEC 5'58 Cuther S.	Trank			
,	Heal. DG.					

ol director, e filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be the feet for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaulthe registror prior to overial, cremotian, or removal, and in any event within 72 havrs ofter death.

VS A15 (4) 15M 9/55



22c. NAME OF CEMETERY OR CREMATORY

Paula Cemetery

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Cirting & Hours

Jal dorf

24a, REC'D BY REGISTRAR

DATE

(Stote)

ā FUNER! page 0 VS A15 (4)

15M 9/55

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

John

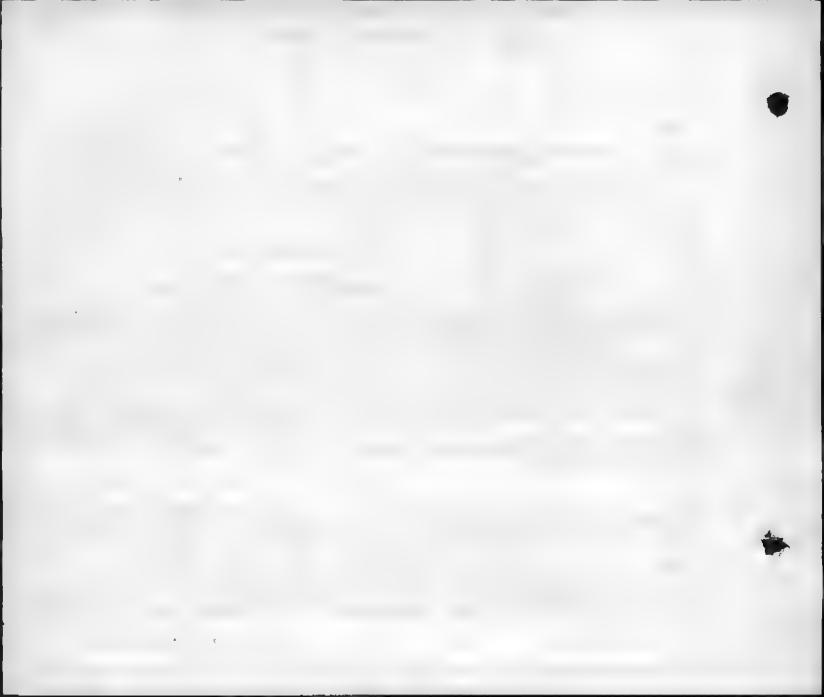
220. BURIAL, CREMATION, 226. DATE THEREOF

Huntt Funeral Home

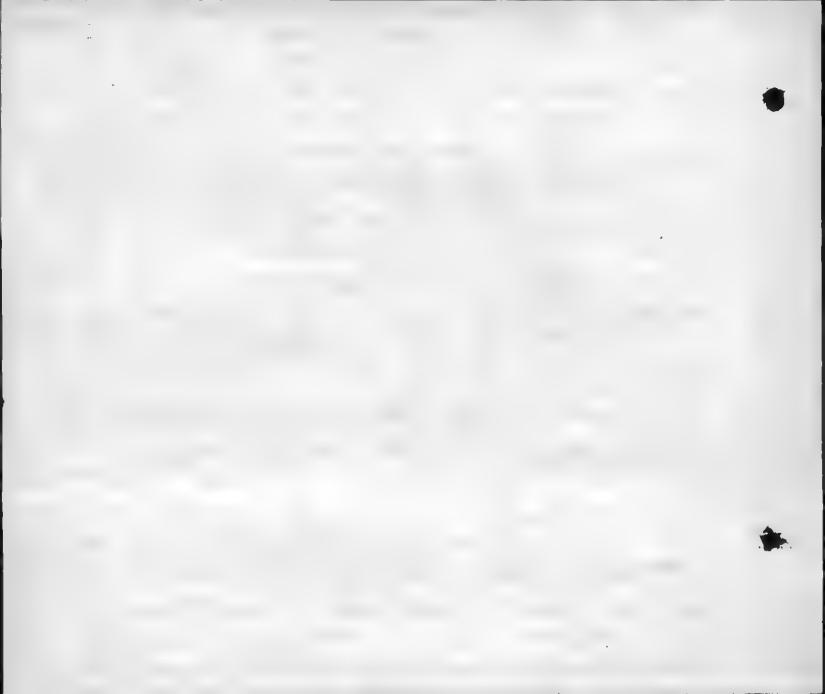
Beargelo M.D

**ADDRESS** 

Walderf



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



after death.

15M 10/57

TO HOSPITAL OR

VS A15 (4) 15M 9/59

12894

Reg. Dist. No.

	Prince George Gen. Hosp, MARYLAND	a. STATE Macaland b. COUNTY Prince	Genera
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town
	RURAL and give nearest town)  Chevecky	25 Riverdale Maryla	
_	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Prince George Gen. Hosp.	1 4306 Queensbory Road	ON A FARM? YES NO 2
-			
	NAME OF First Middle DECEASED Type or print)  HAZELE MILLIRO	ONS YOUNG OF DEATH November	Day Year 10. 1958
5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
	Female White WIDOWED IN DIVORCED	Jan vary 22, 1892 (ast birthday) Months Day	s Haurs Min.
10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	Housewise At Home		U. S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
,	W. T. Millirons	Unknown	
	BD OF Unknown . If was now you were at control	INFORMANT Address 4306	6 Queens bucy
,	NO None Yes		dale mel
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Ronal Digosco.	NSET AND DEATH
	442 X DUE TO	Nevia (2.51-ALC)	
	Conditions if any which )		
	gave rise to immediate ONE TO		
	code (a), stating the under-		
z		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	110 MAS AUTODEN
CATIO	260× Dishetes	THO RECURS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO	PERFORMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ly) (Stole)
MEDICA	Haur a. m. 19 While Not while of work at work	actory, street, office bldg., etc.)	,, (,
	21. I certify that I attended the deceased fram Nov.	5 . 19 5 8, to Nov. 10, 19 5 8, that I last	saw the deceased
	alive an November 10, 19 58, and that deat	h occurred at 6: 25 PM, from the causes and an the	date stated above.
		ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE Sense S. acadomy	M.D	11/11/58
	PHYSICIAN'S GEORGE S'. MALOUF I	1.D. 5802 Balto Aven Hyar	ts md.
220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Nov. 14, 1958 Washington		(State)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	TURE
	W. W. CHAMBERS CO. RIVERDA	e Ma onav 1 2 '58 Cirches & France	4
		l l	

A COLUMN TO A COLU	TE OF DEATH	ADBITIED I		
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			.4	
The state of the state of the				
DECEMBER OF THE PARTY OF THE PA				
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
			State Fr	

21	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
18 E 1	12858 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12895
notion motion	Reg. Dist. No.
shou	1. PLACE OF BEATH .  a. COUNTY .  b. COUNTY .  b. COUNTY .  C. STATE X .  COUNTY .  C. STATE X .  C.
Poge 1	b. CITY OR TOWN (If outside corporate limits, write BURAL Ac. LENGTH OF STAY IN 16 c. CPTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	Cheverly Cheverly
director.	d. NAME OF HOSPITAL OPINSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 63 128-63 128-63 128-1000 VESTER NOT THE RESIDENCE ON A FARM?
ny delo nerol o your fi gistrar	3. NAME OF DECEASED (Type or print) Love of DEATH Note 15 19 58
15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5. SEX 6. COLOR OR RACE 7. MARRIED NETER MARRIED 8. DATE OF SIRTH 9. AGE (In years I FUNDER 14 ARS.
Fined #	Male volule WIDOWED   12/8/906 5/ yrs.
offer dec	100, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. 81RTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. STORY OF THE STO
2.2.	13. FATHER'S NAME
4 hour	James Edward Joung Kuby Della Vaughy
25 % S S S S S S S S S S S S S S S S S S	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address
THE SECTION AND ADDRESS OF THE PARTY OF THE	yes alive bertha No young address above
ed w ormit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A FASTE CONCESSION AND DEATH  IMMEDIATE CAUSE (a) A FASTE CONCESSION AND DEATH
form form form	1442X DUE TO DE TO
in II with tron	Conditions, if any, which) (6) Carolievani January disease
id b mg mg riol-	gove rise to immediate cause (a), stating the underlying  DUE TO
shou o bu	couse lost. (c)
os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ndin r's C used	YES NO NO
This ce or of the comine of th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
NER: New yor 3 short 3 short	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 10 twont) (County) (Stote)  Hour o. m. While Not while of work of
AMI Med Med	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that
X FA	death resulted from: Natural causes 🗷, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined cause 🗍.
DICA Cote, The Cl	
A DO THE	SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER D
FF N ded ded likal	EXAMINERS ASSISTANT MEDICAL EXAMINER
DEPUT of the the prwords FUNER	NAME (TYPE) OHN T. ALON & Y. M.D. DEPUTY MEDICAL EXAMINER 11-15-58  220. BURIAL, CREMATION, 226. DATE THEREOF 222. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
For Para	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE REGISTRAR'S SIGNATURE
5M 9/55	Calleys tuneral Home may DATE
	Ine

